

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 UNITED STATES

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NF RESIDENTS, BY TOP 10 DRUG GROUP

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE 11. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 12. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 13. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 14. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 15. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 16-16D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 17. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 18. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

NATIONAL COMPARISON TABLES

TABLE N.1a. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT

TABLE N.1b. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, PERCENTAGE COMPARISONS

TABLE N.2. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL MEDICAID BENEFICIARIES

TABLE N.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL MEDICAID BENEFICIARIES

TABLE N.4. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL MEDICAID BENEFICIARIES

TABLE N.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, DUAL ELIGIBLE BENEFICIARIES

TABLE N.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

TABLE N.7. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UNITED STATES, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)		No. of Dual Eligible Benes (Cell) ^g	
1. Benes who were eligible for Medicaid during at least one month ^a	42,487,706	(A)	6,823,434	(E)
2. Benes who had Medicaid pharmacy benefit coverage during at least one month ^b	39,735,827	(B)	5,996,921	(F)
3. Benes who had fee-for-service pharmacy benefits during at least one month ^{c, d, e}	28,591,221	(C)	5,309,969	(G)
4. Benes who were all-year nursing facility residents ^f	911,907	(D)	842,256	(H)

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where *no* PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for the U.S. in 1999 was \$16,921,704,137, of which \$1,333,461,773 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs99.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 1.7 percent were restricted benefit months without a pharmacy benefit in the U.S., were used in the dual tables.

Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
UNITED STATES, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	28,591,221	3,340,527	5,716,821	5,313,466	14,218,060	2,347	224,548,061	33,867,263	58,884,307	31,734,511	100,048,032	13,948
Age												
5 and younger	6,330,778	143	169,006	9,848	6,151,513	268	43,017,078	778	1,574,725	25,460	41,415,098	1,017
6-14	6,306,041	83	472,273	18,463	5,814,978	244	48,182,259	582	4,858,677	50,042	43,271,562	1,396
15-20	3,022,420	44	334,097	606,848	2,081,228	203	21,430,142	373	3,366,153	3,479,823	14,582,710	1,083
21-44	6,245,538	773	1,977,218	4,204,101	62,482	964	45,793,978	7,410	20,410,322	25,138,728	230,680	6,838
45-64	2,705,878	7,953	2,233,404	461,372	2,769	380	25,918,959	78,992	22,828,700	3,001,579	7,479	2,209
65-74	1,520,767	1,137,731	380,043	2,758	77	158	15,933,813	11,714,437	4,203,389	14,798	344	845
75-84	1,334,506	1,218,859	115,113	437	23	74	13,856,280	12,584,135	1,269,532	2,199	108	306
85 and older	1,007,686	968,305	35,645	3,662	32	42	9,829,901	9,448,338	372,666	8,496	183	218
Unknown	117,607	6,636	22	5,977	104,958	14	585,651	32,218	143	13,386	539,868	36
Gender												
Female	16,884,434	2,417,796	2,990,517	4,403,718	7,071,108	1,295	132,627,482	24,794,490	31,218,396	26,901,824	49,704,820	7,952
Male	11,614,653	918,615	2,726,187	907,393	7,061,433	1,025	91,383,781	9,049,240	27,664,771	4,826,935	49,837,095	5,740
Unknown	92,134	4,116	117	2,355	85,519	27	536,798	23,533	1,140	5,752	506,117	256
Race												
White	13,324,674	1,948,696	2,948,008	2,468,746	5,957,510	1,714	106,383,379	19,257,682	30,256,703	14,589,115	42,269,656	10,223
African American	7,538,459	513,544	1,416,055	1,415,146	4,193,463	251	60,178,349	5,380,490	14,601,293	8,988,802	31,206,333	1,431
Other/unknown	7,728,088	878,287	1,352,758	1,429,574	4,067,087	382	57,986,333	9,229,091	14,026,311	8,156,594	26,572,043	2,294
Use of Nursing Facilities												
All year	911,907	776,458	134,992	254	186	17	9,250,355	7,783,981	1,462,476	2,064	1,759	75
Part year	463,461	357,151	103,589	1,771	938	12	4,254,775	3,213,416	1,021,014	12,739	7,534	72
None	27,215,853	2,206,918	5,478,240	5,311,441	14,216,936	2,318	211,042,931	22,869,866	56,400,817	31,719,708	100,038,739	13,801
Maintenance Assistance Status												
Cash	11,582,075	1,516,525	4,461,365	1,866,074	3,738,102	9	101,679,208	16,637,457	47,075,283	11,540,570	26,425,872	26
Medically needy	2,711,742	561,305	433,301	659,302	1,057,834	0	19,798,480	5,165,932	3,935,086	3,990,656	6,706,806	0
Poverty-related	8,815,031	308,024	310,244	1,175,075	7,021,685	3	61,701,273	3,075,422	2,939,729	6,175,488	49,510,623	11
Other/unknown	5,482,354	954,663	511,909	1,613,008	2,400,439	2,335	41,368,966	8,988,347	4,934,201	10,027,776	17,404,731	13,911
Missing	19	10	2	7	0	0	134	105	8	21	0	0
Dual Medicare Status^c												
Full dual, all year	5,139,086	2,994,408	2,108,213	34,824	1,211	430	53,531,098	30,594,211	22,676,636	249,660	8,383	2,208
Full dual, part year	170,883	90,028	79,449	1,389	12	5	1,746,517	912,868	819,742	13,760	119	28
Non-dual, all year	23,281,252	256,091	3,529,159	5,277,253	14,216,837	1,912	169,270,446	2,360,184	35,387,929	31,471,091	100,039,530	11,712
Managed Care Status												
FFS all year	21,855,056	3,209,914	5,231,989	3,621,587	9,789,350	2,216	197,562,512	33,077,911	56,182,930	25,348,425	82,939,775	13,471
FFS part year, with Rx claims	3,008,710	103,725	355,684	844,768	1,704,478	55	14,497,210	668,644	2,133,414	3,718,313	7,976,622	217
FFS part year, no Rx claims	3,727,455	26,888	129,148	847,111	2,724,232	76	12,488,339	120,708	567,963	2,667,773	9,131,635	260

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 UNITED STATES, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	60.4 %	11.7	\$545	\$47	\$4,381	12.4 %	\$17	28,591,221
Age								
5 and younger	56.0	3.4	80	24	1,538	5.2	7	6,330,778
6-14	47.6	3.2	139	44	1,340	10.4	5	6,306,041
15-20	49.9	3.6	168	47	2,282	7.4	4	3,022,420
21-44	61.6	10.5	649	62	4,863	13.3	12	6,245,538
45-64	79.3	31.1	1,639	53	9,435	17.4	53	2,705,878
65-74	81.6	31.8	1,379	43	7,609	18.1	55	1,520,767
75-84	84.0	35.7	1,413	40	11,552	12.2	49	1,334,506
85 and older	83.2	35.3	1,212	34	17,032	7.1	39	1,007,686
Unknown	13.1	0.4	10	25	1,125	0.9	2	117,607
Basis of Eligibility								
Aged	82.1	33.4	1,308	39	11,815	11.1	45	3,340,527
Disabled	79.1	27.4	1,587	58	10,286	15.4	45	5,716,821
Adults	54.8	4.6	182	39	2,002	9.1	5	5,313,466
Children	49.8	2.9	83	29	1,150	7.2	4	14,218,060
Unknown	16.7	2.6	144	56	1,444	10.0	3	2,347
Gender								
Female	63.1	13.2	567	43	4,471	12.7	19	16,884,434
Male	56.7	9.5	517	55	4,273	12.1	14	11,614,653
Unknown	20.3	0.9	26	31	1,570	1.7	2	92,134
Race								
White	65.2	15.2	704	46	5,465	12.9	19	13,324,674
African American	55.6	8.3	388	47	3,244	12.0	14	7,538,459
Other/unknown	56.8	8.8	425	49	3,623	11.7	18	7,728,088
Use of Nursing Facilities								
Entire year	86.2	50.3	1,893	38	31,064	6.1	62	911,907
Part year	88.5	41.5	1,724	42	21,820	7.9	54	463,461
None	59.0	9.9	480	49	3,190	15.0	15	27,215,853
Maintenance Assistance Status								
Cash	67.0	15.8	802	51	4,805	16.7	25	11,582,075
Medically needy	54.7	11.5	564	49	7,560	7.5	20	2,711,742
Poverty related	53.8	4.6	172	37	1,590	10.8	6	8,815,031
Other/unknown	59.8	14.3	595	42	6,401	9.3	18	5,482,354
Missing	31.6	12.6	876	69	7,565	11.6	19	19

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 UNITED STATES, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	No.	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Benes	Bene Mos
All	1.5	\$69	12.4 %	39.6 %	37.0 %	7.5 %	10.1 %	4.7 %	1.3 %	\$558	28,591,221	224,548,061
Age												
5 and younger	0.5	12	5.2	44.0	47.9	5.1	2.4	0.5	0.2	226	6,330,778	43,017,078
6-14	0.4	18	10.4	52.4	40.8	3.8	2.4	0.4	0.2	175	6,306,041	48,182,259
15-20	0.5	24	7.4	50.1	41.4	4.8	3.1	0.7	0.2	322	3,022,420	21,430,142
21-44	1.4	89	13.3	38.4	37.8	8.9	10.2	3.8	1.2	663	6,245,538	45,793,978
45-64	3.3	171	17.4	20.7	22.0	13.0	26.3	14.0	4.3	985	2,705,878	25,918,959
65-74	3.0	132	18.1	18.4	22.8	14.2	27.6	13.8	3.5	726	1,520,767	15,933,813
75-84	3.4	136	12.2	16.0	18.9	13.5	30.2	17.4	4.3	1,113	1,334,506	13,856,280
85 and older	3.6	124	7.1	16.8	15.9	12.3	31.1	20.0	4.2	1,746	1,007,686	9,829,901
Unknown	0.1	2	0.9	86.9	11.6	0.8	0.5	0.1	0.0	226	117,607	585,651
Basis of Eligibility												
Aged	3.3	129	11.1	17.9	19.8	13.4	28.7	16.5	4.1	1,165	3,340,527	33,867,263
Disabled	2.7	154	15.4	20.9	28.7	12.8	23.4	11.4	3.1	999	5,716,821	58,884,307
Adults	0.8	31	9.1	45.2	40.4	7.1	5.5	1.5	0.6	335	5,313,466	31,734,511
Children	0.4	12	7.2	50.2	43.2	4.1	2.1	0.4	0.2	163	14,218,060	100,048,032
Unknown	0.4	24	10.0	83.3	8.6	2.4	3.8	2.6	1.5	243	2,347	13,948
Gender												
Female	1.7	72	12.7	36.9	37.1	7.9	11.3	5.5	1.6	569	16,884,434	132,627,482
Male	1.2	66	12.1	43.3	37.1	6.9	8.4	3.5	0.9	543	11,614,653	91,383,781
Unknown	0.1	5	1.7	79.7	18.3	1.2	0.7	0.1	0.0	270	92,134	536,798
Race												
White	1.9	88	12.9	34.8	36.0	8.2	12.4	6.8	2.1	685	13,324,674	106,383,379
African American	1.0	49	12.0	44.4	38.5	6.2	7.6	2.7	0.6	406	7,538,459	60,178,349
Other/unknown	1.2	57	11.7	43.2	37.4	7.5	8.6	2.9	0.6	483	7,728,088	57,986,333
Use of Nursing Facilities												
Entire year	5.0	187	6.1	13.8	9.5	8.3	29.4	29.6	10.0	3,062	911,907	9,250,355
Part year	4.5	188	7.9	11.5	13.9	11.4	31.7	24.3	7.6	2,377	463,461	4,254,775
None	1.3	62	15.0	41.0	38.4	7.4	9.1	3.5	0.9	411	27,215,853	211,042,931
Maintenance Assistance Status												
Cash	1.8	91	16.7	33.0	35.6	9.8	14.5	5.9	1.4	547	11,582,075	101,679,208
Medically needy	1.6	77	7.5	45.3	31.7	6.5	9.8	5.4	1.5	1,035	2,711,742	19,798,480
Poverty related	0.7	25	10.8	46.2	43.2	5.1	4.0	1.2	0.4	227	8,815,031	61,701,273
Other/unknown	1.9	79	9.3	40.2	32.8	6.9	10.8	7.2	2.5	848	5,482,354	41,368,966
Missing	1.8	124	11.6	68.4	10.5	5.3	26.3	5.3	0.0	1,073	19	134

Table 4

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 UNITED STATES, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.5	\$69	\$47	0.5	\$45	\$84	0.2	\$11	\$54	0.7	\$11	\$16
Age												
5 and younger	0.5	12	24	0.1	7	51	0.0	1	25	0.3	4	12
6-14	0.4	18	44	0.2	12	79	0.0	2	55	0.2	4	17
15-20	0.5	24	47	0.2	16	85	0.1	3	61	0.2	4	15
21-44	1.4	89	62	0.5	62	117	0.2	13	73	0.7	11	17
45-64	3.3	171	53	1.2	112	90	0.4	28	62	1.4	25	17
65-74	3.0	132	43	1.1	81	71	0.5	23	50	1.3	21	16
75-84	3.4	136	40	1.2	80	67	0.6	26	44	1.5	24	16
85 and older	3.6	124	34	1.1	69	63	0.7	24	37	1.7	25	15
Unknown	0.1	2	25	0.0	1	76	0.0	0	29	0.1	1	10
Basis of Eligibility												
Aged	3.3	129	39	1.1	76	67	0.6	24	43	1.4	23	16
Disabled	2.7	154	58	1.0	103	103	0.4	24	66	1.2	21	18
Adults	0.8	31	39	0.3	20	75	0.1	4	52	0.4	5	13
Children	0.4	12	29	0.1	7	56	0.0	1	36	0.2	3	13
Unknown	0.4	24	56	0.2	17	99	0.1	3	55	0.2	3	16
Gender												
Female	1.7	72	43	0.6	46	75	0.2	12	51	0.8	12	15
Male	1.2	66	55	0.4	44	103	0.2	10	61	0.6	10	18
Unknown	0.1	5	31	0.0	3	73	0.0	0	40	0.1	1	11
Race												
White	1.9	88	46	0.7	56	82	0.3	14	54	0.9	14	17
African American	1.0	49	47	0.4	32	88	0.1	7	51	0.5	7	15
Other/unknown	1.2	57	49	0.4	37	87	0.2	9	56	0.5	8	16
Use of Nursing Facilities												
Entire year	5.0	187	38	1.6	108	70	0.8	34	40	2.3	37	16
Part year	4.5	188	42	1.5	115	77	0.7	31	43	2.1	34	16
None	1.3	62	49	0.5	41	87	0.2	10	58	0.6	9	16
Maintenance Assistance Status												
Cash	1.6	77	49	0.7	59	90	0.2	15	60	0.8	13	17
Medically needy	0.7	25	37	0.6	50	91	0.2	13	53	0.7	12	17
Poverty related	1.9	79	42	0.2	16	68	0.1	3	45	0.3	5	14
Other/unknown	1.8	124	69	0.6	49	76	0.3	13	46	0.9	14	16
Missing	1.8	91	51	0.9	103	120	0.1	5	44	0.8	17	21

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 UNITED STATES, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$15	\$0	\$2	\$56	\$102	\$55	\$12	32,836,959	\$1,837,447,319	11,348,565	39.7 %	109,356,124
Biologicals	0.2	0.1	0.0	0.0	110	83	12	15	733	751	2,004	445	174,904	128,162,027	109,420	0.4	1,165,008
Antineoplastic Agents	0.5	0.2	0.1	0.2	88	57	22	8	184	308	162	55	1,208,008	222,042,649	244,571	0.9	2,526,151
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	23	18	2	3	39	62	24	14	26,416,470	1,026,880,606	4,442,975	15.5	44,773,582
Cardiovascular Agents	1.3	0.4	0.3	0.5	44	24	13	8	35	55	43	14	61,094,238	2,112,861,058	4,535,648	15.9	47,949,086
Respiratory Agents	0.5	0.2	0.0	0.2	15	11	1	4	33	53	25	16	33,484,651	1,106,961,969	7,422,861	26.0	72,957,646
Gastrointestinal Agents	0.5	0.2	0.1	0.2	35	24	6	5	67	108	82	22	18,393,795	1,232,196,864	3,355,436	11.7	35,291,284
Genitourinary Agents	0.3	0.2	0.0	0.1	10	8	0	2	36	46	32	19	4,285,839	152,376,883	1,522,828	5.3	15,089,315
CNS Drugs	1.0	0.4	0.1	0.4	66	44	14	7	68	111	102	17	47,854,457	3,265,576,728	4,832,484	16.9	49,757,298
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	22	6	4	11	39	43	51	35	2,775,508	108,738,326	513,731	1.8	5,057,457
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	46	42	1	3	98	121	93	26	1,113,711	108,867,750	223,316	0.8	2,371,332
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	17	10	3	4	36	93	67	13	30,954,248	1,109,422,304	6,667,646	23.3	66,642,762
Neuromuscular Agents	0.8	0.3	0.1	0.4	39	25	5	8	50	94	42	22	19,932,540	987,919,257	2,433,821	8.5	25,560,427
Nutritional Products	0.4	0.0	0.1	0.3	7	0	3	4	18	28	25	14	8,608,457	157,744,469	2,232,178	7.8	21,113,467
Hematological Agents	0.6	0.1	0.2	0.3	51	35	8	8	90	447	41	27	7,063,968	636,371,033	1,199,924	4.2	12,386,378
Topical Products	0.3	0.1	0.1	0.1	9	5	2	2	29	45	37	14	20,091,661	580,393,435	6,557,949	22.9	65,464,724
Miscellaneous Products	0.4	0.1	0.1	0.2	65	40	18	6	172	279	272	37	974,910	167,438,159	251,241	0.9	2,584,206
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	40	0	0	0	16,303,547	646,841,528	4,498,593	15.7	46,611,505
TOTAL NO. RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	333,567,871	15,588,242,364	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 UNITED STATES, 1999

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		No.	As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$1,653,136,486	1,958,503	6.9 %	21,300,216	0.6	\$120	\$78
ANTIDEPRESSANTS	1,134,455,292	3,614,404	12.6	38,327,892	0.5	59	30
ULCER DRUGS	978,810,250	3,142,155	11.0	33,966,973	0.4	77	29
ANTICONVULSANT	794,869,092	1,723,644	6.0	18,696,523	0.7	61	43
ANTIVIRAL	754,443,663	623,452	2.2	6,618,103	0.4	294	114
ANTIHYPERTENSIVE	604,998,888	2,664,543	9.3	28,947,300	0.6	38	21
ANTIDIABETIC	592,075,398	2,029,069	7.1	21,973,419	0.6	44	27
ANTIASTHMATIC	589,465,301	4,672,893	16.3	48,268,658	0.3	36	12
CALCIUM BLOCKERS	528,435,160	1,546,136	5.4	16,875,363	0.6	52	31
ANALGESICS - ANTI-INFLAMMATORY	516,215,914	4,743,038	16.6	50,393,078	0.2	42	10

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 UNITED STATES, 1999

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	129,822,215	\$8,146,905,444	1,958,503	6.9 %	21,300,216	0.6	\$78	3,614,404	12.6 %	38,327,892	0.5	\$30
Female	84,461,164	4,925,121,125	1,122,743	6.7	12,195,678	0.6	66	2,510,888	14.9	26,628,818	0.5	30
Disabled	42,582,135	2,849,016,064	650,567	21.8	7,306,036	0.7	82	1,290,149	43.1	14,386,192	0.5	32
5 and younger	194,915	9,187,847	478	0.7	5,268	0.4	33	533	0.8	5,803	0.3	15
6-14	632,135	39,668,642	9,512	5.7	105,581	0.5	53	14,996	9.0	165,695	0.4	23
15-20	588,337	41,966,330	14,436	11.2	159,197	0.5	67	22,995	17.9	252,727	0.4	28
21-44	11,485,383	925,826,612	274,116	28.9	3,067,373	0.7	88	466,090	49.2	5,161,187	0.5	33
45-64	23,245,422	1,492,067,974	295,361	22.7	3,323,972	0.7	83	673,668	51.8	7,519,491	0.5	33
65-74	4,631,727	249,818,980	38,176	14.8	437,519	0.6	61	81,292	31.5	934,619	0.5	25
75-84	1,437,887	73,049,287	13,918	15.7	157,590	0.6	48	23,679	26.8	270,422	0.5	24
85 and older	366,329	17,430,392	4,570	16.0	49,536	0.5	34	6,896	24.2	76,248	0.5	25
Other Eligibles	41,878,629	2,076,089,079	472,161	3.4	4,889,586	0.5	43	1,220,730	8.8	12,242,579	0.5	27
5 and younger	1,195,663	24,249,450	2,120	0.1	21,854	0.2	13	2,763	0.1	28,469	0.3	10
6-14	1,519,148	59,270,547	19,157	0.7	203,361	0.4	40	57,069	2.0	592,013	0.4	19
15-20	1,119,807	48,961,270	22,311	1.3	215,138	0.4	33	77,205	4.6	740,019	0.3	21
21-44	4,150,948	231,714,180	54,240	1.5	482,618	0.3	25	332,317	9.3	2,920,990	0.3	21
45-64	1,320,087	76,667,757	9,200	3.1	88,188	0.4	43	56,233	19.2	516,634	0.4	26
65-74	10,095,780	543,343,191	82,004	11.1	898,506	0.6	60	193,571	26.1	2,140,903	0.5	27
75-84	12,850,540	646,390,214	138,560	15.7	1,480,496	0.6	48	263,523	29.9	2,838,279	0.6	30
85 and older	9,626,656	445,492,470	144,569	18.3	1,499,425	0.5	36	238,049	30.1	2,465,272	0.7	32
Male	45,345,087	3,221,204,843	835,540	7.2	9,102,377	0.7	93	1,102,916	9.5	11,692,947	0.5	30
Disabled	28,705,783	2,398,584,333	621,506	22.8	6,935,877	0.8	106	690,435	25.3	7,598,766	0.5	32
5 and younger	296,993	13,308,286	1,370	1.4	14,930	0.4	34	1,350	1.4	14,591	0.3	14
6-14	1,314,736	79,220,548	32,710	10.7	361,467	0.5	59	40,312	13.2	444,957	0.4	23
15-20	879,960	68,540,987	28,080	13.7	308,424	0.6	81	30,585	14.9	336,068	0.5	30
21-44	11,053,482	1,151,244,940	329,231	32.0	3,682,263	0.8	118	304,154	29.5	3,348,460	0.5	34
45-64	12,966,183	968,871,724	208,105	22.3	2,323,589	0.8	104	282,328	30.3	3,100,466	0.5	32
65-74	1,760,078	95,696,132	16,337	13.4	184,434	0.7	68	24,818	20.4	280,399	0.5	26
75-84	358,530	18,015,216	4,435	16.6	48,177	0.6	52	5,359	20.1	58,479	0.5	26
85 and older	75,821	3,686,500	1,238	17.4	12,593	0.5	39	1,529	21.5	15,346	0.5	27
Other Eligibles	16,638,931	822,602,226	214,021	2.4	2,166,381	0.5	50	412,471	4.7	4,094,130	0.5	26
5 and younger	1,625,357	34,986,476	3,791	0.1	39,220	0.3	19	4,879	0.2	50,411	0.3	10
6-14	2,247,673	94,580,262	41,653	1.4	437,454	0.5	49	96,010	3.3	988,160	0.4	20
15-20	805,124	43,686,026	21,553	2.2	212,928	0.5	60	46,831	4.7	450,451	0.4	26
21-44	848,490	70,098,401	13,241	1.9	111,697	0.4	54	51,350	7.5	425,890	0.4	23
45-64	651,053	46,511,707	5,053	2.8	47,572	0.5	58	21,851	12.2	199,379	0.4	26
65-74	4,399,249	235,204,408	43,488	10.9	463,325	0.6	61	70,551	17.7	756,263	0.5	28
75-84	4,111,916	206,520,066	52,342	15.5	533,376	0.6	47	76,064	22.5	782,725	0.6	31
85 and older	1,950,069	91,014,880	32,900	18.1	320,809	0.5	36	44,935	24.8	440,851	0.6	32
Unknown	16,737	613,742	248	0.2	2,336	0.5	50	619	0.5	6,225	0.5	26

Table 7A

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 UNITED STATES, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONSULSANT					ANTIVIRAL				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,142,155	11.0 %	33,966,973	0.4	\$29	1,723,644	6.0 %	18,696,523	0.7	\$43	623,452	2.2 %	6,618,103	0.4	\$114
Female	2,178,581	12.9	23,662,651	0.4	29	987,706	5.9	10,706,572	0.7	39	308,933	1.8	3,257,458	0.3	79
Disabled	962,692	32.2	10,904,686	0.4	30	647,632	21.7	7,236,477	0.7	45	150,916	5.0	1,677,829	0.4	111
5 and younger	6,615	9.3	70,150	0.4	18	6,455	9.1	70,360	0.6	39	1,662	2.3	18,320	0.5	70
6-14	9,060	5.5	103,304	0.3	23	24,814	14.9	277,587	0.7	49	4,463	2.7	50,849	0.5	109
15-20	11,633	9.0	131,229	0.3	20	22,138	17.2	245,808	0.7	55	2,861	2.2	31,891	0.2	59
21-44	240,096	25.3	2,708,362	0.3	27	275,525	29.1	3,069,334	0.7	51	79,873	8.4	876,344	0.4	125
45-64	529,327	40.7	5,975,094	0.4	32	275,946	21.2	3,086,649	0.7	41	54,927	4.2	617,285	0.4	106
65-74	116,468	45.1	1,348,718	0.4	29	31,440	12.2	359,530	0.6	28	5,266	2.0	61,447	0.2	40
75-84	38,219	43.2	441,023	0.4	30	9,150	10.3	103,570	0.6	24	1,442	1.6	16,838	0.1	15
85 and older	11,274	39.5	126,806	0.4	30	2,164	7.6	23,639	0.6	20	422	1.5	4,855	0.1	9
Other Eligibles	1,215,875	8.8	12,757,852	0.4	28	340,072	2.5	3,470,085	0.6	27	158,013	1.1	1,579,612	0.2	46
5 and younger	47,860	1.6	419,701	0.2	5	5,267	0.2	51,890	0.5	21	14,460	0.5	146,741	0.2	15
6-14	46,131	1.6	480,431	0.1	6	20,308	0.7	207,407	0.5	29	15,362	0.5	161,775	0.2	32
15-20	51,447	3.0	501,277	0.2	9	18,144	1.1	173,840	0.5	30	15,277	0.9	145,104	0.2	22
21-44	194,062	5.4	1,786,315	0.2	17	65,349	1.8	571,540	0.4	24	60,989	1.7	555,763	0.3	84
45-64	44,327	15.1	423,730	0.3	24	11,730	4.0	109,171	0.5	28	6,535	2.2	64,361	0.4	139
65-74	259,252	35.0	2,918,021	0.4	31	72,026	9.7	793,334	0.7	30	12,620	1.7	143,549	0.2	22
75-84	318,034	36.1	3,531,748	0.4	33	88,142	10.0	949,752	0.7	27	16,081	1.8	181,634	0.1	10
85 and older	254,762	32.2	2,696,629	0.5	37	59,106	7.5	613,151	0.7	24	16,689	2.1	180,685	0.1	7
Male	962,909	8.3	10,298,387	0.4	29	735,695	6.3	7,987,545	0.7	47	314,420	2.7	3,359,808	0.5	148
Disabled	519,396	19.1	5,784,398	0.4	31	561,514	20.6	6,242,343	0.8	52	242,054	8.9	2,624,282	0.5	168
5 and younger	8,468	8.6	90,513	0.4	19	8,620	8.8	93,795	0.6	38	1,878	1.9	20,644	0.4	64
6-14	12,346	4.0	140,864	0.3	22	42,489	13.9	473,906	0.7	45	5,315	1.7	60,576	0.4	99
15-20	11,618	5.7	130,568	0.3	24	33,037	16.1	366,051	0.7	57	2,564	1.2	29,027	0.3	69
21-44	171,708	16.7	1,921,108	0.4	31	273,119	26.5	3,045,376	0.8	58	148,824	14.5	1,597,779	0.5	169
45-64	261,824	28.1	2,895,503	0.4	33	185,552	19.9	2,054,614	0.8	46	80,197	8.6	878,918	0.6	180
65-74	41,856	34.4	477,361	0.4	30	15,023	12.3	168,864	0.7	31	2,786	2.3	31,760	0.4	102
75-84	9,278	34.7	103,758	0.4	31	3,071	11.5	33,635	0.7	27	397	1.5	4,525	0.2	32
85 and older	2,298	32.3	24,723	0.4	32	603	8.5	6,102	0.7	22	93	1.3	1,053	0.1	9
Other Eligibles	443,501	5.0	4,513,946	0.4	25	174,177	2.0	1,745,154	0.6	30	72,366	0.8	735,526	0.3	74
5 and younger	55,297	1.8	482,862	0.2	6	7,347	0.2	71,580	0.5	19	14,724	0.5	149,417	0.2	13
6-14	37,476	1.3	391,920	0.2	7	33,892	1.2	347,475	0.6	28	13,391	0.5	141,441	0.2	33
15-20	20,458	2.0	201,441	0.2	11	18,580	1.9	178,798	0.6	37	4,696	0.5	46,611	0.2	23
21-44	37,035	5.4	314,124	0.3	24	18,439	2.7	151,600	0.5	33	17,180	2.5	160,482	0.5	171
45-64	20,822	11.6	192,660	0.3	27	7,233	4.0	67,330	0.6	32	7,215	4.0	71,567	0.5	196
65-74	112,123	28.1	1,232,735	0.4	31	39,220	9.8	422,091	0.7	33	6,598	1.7	73,258	0.3	58
75-84	105,474	31.3	1,138,754	0.4	32	34,449	10.2	357,466	0.7	28	5,325	1.6	58,510	0.2	18
85 and older	54,816	30.2	559,450	0.5	35	15,017	8.3	148,814	0.7	25	3,237	1.8	34,240	0.1	9
Unknown	691	0.5	6,091	0.2	10	249	0.2	2,464	0.6	37	103	0.1	854	0.2	19

Table 7B

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 UNITED STATES, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,664,543	9.3 %	28,947,300	0.6	\$21	2,029,069	7.1 %	21,973,419	0.6	\$27	4,672,893	16.3 %	48,268,658	0.3	\$12
Female	1,743,699	10.3	19,049,020	0.6	21	1,447,291	8.6	15,766,176	0.6	27	2,762,273	16.4	28,765,822	0.3	13
Disabled	721,883	24.1	8,092,139	0.5	21	697,775	23.3	7,814,451	0.6	30	1,053,108	35.2	11,812,637	0.4	16
5 and younger	1,492	2.1	16,066	0.5	10	147	0.2	1,600	0.8	47	28,509	40.2	311,575	0.3	10
6-14	7,894	4.7	87,327	0.6	11	1,215	0.7	13,586	0.8	35	41,713	25.1	470,753	0.3	14
15-20	3,528	2.7	39,391	0.5	15	2,740	2.1	30,237	0.7	30	23,834	18.5	267,142	0.3	12
21-44	95,927	10.1	1,068,731	0.5	18	98,261	10.4	1,095,458	0.6	28	265,350	28.0	2,970,733	0.4	13
45-64	435,926	33.5	4,846,729	0.5	21	446,739	34.3	4,969,992	0.6	31	554,303	42.6	6,200,537	0.4	18
65-74	124,112	48.1	1,428,367	0.5	22	112,656	43.6	1,294,138	0.6	29	104,162	40.3	1,193,090	0.4	17
75-84	41,739	47.2	479,576	0.6	22	29,998	33.9	342,874	0.6	25	28,771	32.5	327,667	0.4	16
85 and older	11,265	39.5	125,952	0.6	21	6,019	21.1	66,566	0.6	20	6,466	22.7	71,140	0.4	14
Other Eligibles	1,021,806	7.4	10,956,789	0.6	21	749,509	5.4	7,951,671	0.6	24	1,709,124	12.3	16,952,908	0.3	10
5 and younger	2,741	0.1	27,361	0.4	7	776	0.0	7,321	0.7	25	399,592	13.3	3,795,082	0.2	4
6-14	14,831	0.5	154,075	0.5	8	4,850	0.2	46,504	0.8	33	259,006	9.0	2,596,516	0.2	7
15-20	5,694	0.3	53,976	0.3	8	7,028	0.4	62,738	0.6	28	119,214	7.1	1,118,626	0.2	7
21-44	60,791	1.7	531,864	0.4	13	63,361	1.8	535,317	0.5	21	282,854	7.9	2,492,414	0.3	9
45-64	40,692	13.9	371,677	0.5	19	39,070	13.3	351,514	0.6	26	45,422	15.5	426,988	0.4	14
65-74	292,962	39.5	3,266,812	0.5	22	253,004	34.1	2,811,867	0.6	27	208,280	28.1	2,308,289	0.4	18
75-84	356,331	40.4	3,945,491	0.6	22	255,393	29.0	2,811,386	0.6	24	231,169	26.2	2,514,692	0.4	17
85 and older	247,764	31.3	2,605,533	0.7	22	126,027	15.9	1,325,024	0.7	20	163,587	20.7	1,700,301	0.4	14
Male	920,741	7.9	9,897,292	0.5	21	581,741	5.0	6,206,921	0.6	27	1,906,876	16.4	19,469,682	0.3	12
Disabled	483,206	17.7	5,304,447	0.5	21	331,269	12.2	3,630,288	0.6	29	617,922	22.7	6,835,128	0.4	16
5 and younger	3,176	3.2	33,520	0.5	9	194	0.2	2,082	0.6	34	45,704	46.6	499,022	0.3	11
6-14	27,561	9.0	302,249	0.6	11	1,323	0.4	14,519	0.8	33	80,621	26.3	907,892	0.3	13
15-20	8,923	4.3	98,758	0.5	13	2,307	1.1	25,172	0.7	33	30,649	14.9	343,406	0.3	13
21-44	102,835	10.0	1,131,921	0.5	20	69,271	6.7	762,524	0.6	28	136,600	13.3	1,524,719	0.4	13
45-64	273,112	29.3	2,972,737	0.6	22	213,001	22.9	2,317,243	0.6	29	264,151	28.4	2,886,316	0.5	19
65-74	53,620	44.0	609,785	0.5	23	37,506	30.8	424,218	0.6	28	47,855	39.3	539,050	0.5	19
75-84	11,359	42.5	127,487	0.6	22	6,453	24.2	71,876	0.6	24	10,146	38.0	112,111	0.4	17
85 and older	2,620	36.8	27,990	0.6	22	1,214	17.1	12,654	0.6	21	2,196	30.9	22,612	0.4	14
Other Eligibles	437,529	4.9	4,592,801	0.5	21	250,468	2.8	2,576,616	0.6	24	1,288,905	14.5	12,634,199	0.3	9
5 and younger	6,192	0.2	62,631	0.4	7	1,063	0.0	9,918	0.6	23	548,882	17.4	5,182,461	0.2	4
6-14	45,520	1.5	465,337	0.5	9	4,362	0.1	41,512	0.8	30	336,907	11.5	3,354,548	0.2	8
15-20	7,617	0.8	76,429	0.5	11	3,706	0.4	32,955	0.8	36	68,541	6.9	664,402	0.3	9
21-44	16,799	2.4	137,789	0.4	17	16,153	2.4	128,200	0.6	24	34,259	5.0	284,167	0.3	11
45-64	22,947	12.8	202,015	0.5	20	20,243	11.3	175,122	0.6	25	18,673	10.4	172,325	0.4	15
65-74	147,560	36.9	1,614,386	0.5	22	98,685	24.7	1,072,318	0.6	25	116,970	29.3	1,263,694	0.5	19
75-84	133,590	39.6	1,447,287	0.6	23	78,242	23.2	835,317	0.6	23	111,941	33.2	1,183,414	0.5	18
85 and older	57,304	31.6	586,927	0.6	23	28,014	15.4	281,274	0.6	20	52,732	29.1	529,188	0.4	16
Unknown	119	0.1	1,124	0.6	13	48	0.0	393	0.7	25	3,834	3.0	33,786	0.2	3

Table 7C

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug group were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 UNITED STATES, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	1,546,136	5.4 %	16,875,363	0.6	\$31	4,743,038	16.6 %	50,393,078	0.2	\$10	28,591,221	224,548,061
Female	1,118,870	6.6	12,252,243	0.6	31	3,285,152	19.5	34,904,028	0.3	11	16,867,195	132,567,208
Disabled	444,933	14.9	4,994,673	0.6	32	1,214,741	40.6	13,856,137	0.3	14	2,990,505	31,218,316
5 and younger	170	0.2	1,858	0.4	14	6,401	9.0	72,330	0.2	3	70,943	658,786
6-14	653	0.4	7,315	0.5	28	16,771	10.1	192,444	0.2	4	166,212	1,719,735
15-20	1,273	1.0	14,025	0.4	30	24,216	18.8	273,854	0.2	4	128,611	1,303,796
21-44	54,733	5.8	608,890	0.5	28	342,533	36.1	3,875,417	0.2	10	947,766	9,852,122
45-64	267,448	20.5	2,975,259	0.6	32	636,570	48.9	7,240,499	0.3	17	1,301,732	13,512,943
65-74	83,404	32.3	961,032	0.6	34	138,582	53.7	1,620,644	0.3	16	258,294	2,881,143
75-84	29,123	32.9	334,819	0.6	33	40,028	45.3	469,588	0.3	16	88,413	986,196
85 and older	8,129	28.5	91,475	0.6	31	9,640	33.8	111,361	0.3	16	28,534	303,595
Other Eligibles	673,931	4.9	7,257,540	0.6	31	2,070,396	14.9	21,047,781	0.2	9	13,876,690	101,348,892
5 and younger	200	0.0	1,899	0.3	13	212,347	7.1	2,117,435	0.2	2	3,007,803	20,219,802
6-14	795	0.0	7,964	0.3	15	199,491	6.9	2,053,542	0.1	2	2,892,177	21,477,999
15-20	5,092	0.3	46,078	0.2	7	202,176	12.0	1,914,215	0.2	2	1,688,136	11,097,395
21-44	41,815	1.2	367,506	0.4	17	585,071	16.3	5,232,213	0.2	4	3,581,733	21,830,083
45-64	25,407	8.7	232,379	0.5	28	88,787	30.3	840,123	0.2	11	293,324	1,975,488
65-74	191,644	25.9	2,139,104	0.6	32	299,067	40.4	3,416,960	0.3	17	741,082	7,726,672
75-84	241,007	27.3	2,678,014	0.6	32	307,116	34.8	3,518,777	0.3	18	881,918	9,227,755
85 and older	167,971	21.2	1,784,596	0.7	31	176,341	22.3	1,954,516	0.4	19	790,517	7,793,698
Male	427,238	3.7	4,622,850	0.6	32	1,456,560	12.6	15,477,818	0.2	8	11,595,923	91,317,823
Disabled	233,776	8.6	2,571,804	0.6	33	605,755	22.2	6,832,940	0.3	10	2,726,178	27,664,712
5 and younger	230	0.2	2,478	0.4	15	9,337	9.5	105,389	0.2	2	98,058	915,890
6-14	921	0.3	10,241	0.5	27	25,665	8.4	294,351	0.1	3	306,053	3,138,879
15-20	1,433	0.7	15,710	0.5	31	23,817	11.6	269,251	0.1	3	205,480	2,062,299
21-44	49,889	4.8	548,506	0.5	32	215,098	20.9	2,417,235	0.2	8	1,029,408	10,557,750
45-64	144,856	15.5	1,581,620	0.6	33	278,528	29.9	3,128,055	0.3	13	931,623	9,315,279
65-74	29,272	24.0	333,489	0.6	33	43,705	35.9	507,778	0.3	13	121,745	1,322,208
75-84	5,839	21.9	65,596	0.6	31	8,050	30.1	93,330	0.3	14	26,700	283,336
85 and older	1,336	18.8	14,164	0.6	30	1,555	21.9	17,551	0.3	14	7,111	69,071
Other Eligibles	193,459	2.2	2,051,027	0.6	30	850,783	9.6	8,644,730	0.2	6	8,869,745	63,653,111
5 and younger	312	0.0	3,029	0.3	12	236,306	7.5	2,349,312	0.2	2	3,146,119	21,169,333
6-14	924	0.0	9,596	0.3	17	178,575	6.1	1,842,648	0.1	2	2,940,242	21,832,326
15-20	1,079	0.1	10,291	0.4	19	85,839	8.6	841,892	0.1	2	999,193	6,958,212
21-44	8,282	1.2	68,457	0.5	25	84,491	12.3	699,491	0.2	6	686,470	3,552,656
45-64	11,867	6.6	105,418	0.5	29	36,234	20.2	332,959	0.2	10	179,139	1,114,745
65-74	75,251	18.8	825,911	0.6	31	109,110	27.3	1,232,059	0.3	14	399,626	4,003,627
75-84	67,682	20.1	737,343	0.6	30	86,067	25.5	975,305	0.3	14	337,451	3,358,830
85 and older	28,062	15.5	290,982	0.6	29	34,161	18.8	371,064	0.3	16	181,505	1,663,382
Unknown	37	0.0	319	0.7	30	1,363	1.1	11,490	0.2	2	128,103	663,030

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 UNITED STATES, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$187	5.0	911,907	9,250,355
Age				
0-64	288	5.8	101,122	1,101,835
65-74	231	5.7	113,277	1,181,600
75-84	190	5.1	276,653	2,793,478
85 and older	145	4.4	420,836	4,173,269
Unknown	99	3.7	19	173
Gender				
Female	179	5.0	664,708	6,797,600
Male	207	4.9	247,171	2,452,511
Unknown	356	8.0	28	244
Race				
White	192	5.2	711,010	7,134,068
African American	190	4.6	109,650	1,161,434
Other/unknown	141	3.3	91,247	954,853
Basis of Eligibility				
Aged	172	4.9	776,458	7,783,981
Disabled	263	5.5	134,992	1,462,476
Adults	499	4.0	254	2,064
Children	366	7.2	186	1,759
Unknown	358	5.7	17	75

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 UNITED STATES, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.1	\$19	\$16	\$0	\$2	\$52	\$79	\$53	\$14	2,016,669	\$104,836,829	525,255	57.6 %	5,562,376
Biologicals	0.1	0.1	0.0	0.0	3	1	0	1	27	23	3,148	27	40,930	1,122,791	36,600	4.0	408,737
Antineoplastic Agents	0.5	0.1	0.3	0.2	70	27	35	7	127	220	137	43	239,851	30,508,315	43,375	4.8	436,528
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	25	18	3	5	24	43	15	10	3,285,176	78,368,199	300,522	33.0	3,131,405
Cardiovascular Agents	1.8	0.4	0.5	1.0	43	17	14	12	23	40	29	13	10,132,976	235,386,459	537,333	58.9	5,521,944
Respiratory Agents	0.7	0.3	0.0	0.4	22	12	1	9	31	47	27	22	2,297,359	71,923,547	307,201	33.7	3,253,778
Gastrointestinal Agents	0.9	0.3	0.1	0.5	50	31	8	11	53	91	64	23	3,564,114	187,628,027	360,394	39.5	3,780,205
Genitourinary Agents	0.5	0.2	0.0	0.3	19	12	0	6	35	54	33	21	834,484	29,320,564	145,339	15.9	1,558,331
CNS Drugs	1.5	0.7	0.2	0.6	84	61	15	9	58	88	80	15	7,944,306	459,224,776	522,426	57.3	5,466,906
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	14	1	3	10	22	65	38	18	30,646	662,930	4,643	0.5	48,254
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	80	78	0	1	108	113	69	31	343,599	37,126,044	45,235	5.0	465,892
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	27	17	4	6	33	73	54	12	2,854,760	95,421,993	337,190	37.0	3,494,467
Neuromuscular Agents	1.2	0.3	0.3	0.6	50	24	12	14	41	75	43	23	3,166,951	129,680,552	240,626	26.4	2,577,054
Nutritional Products	0.8	0.0	0.2	0.5	13	1	6	7	17	22	23	14	2,023,738	34,972,135	258,570	28.4	2,669,254
Hematological Agents	1.0	0.1	0.3	0.5	34	17	8	9	35	178	23	16	1,977,213	68,949,366	197,526	21.7	2,039,861
Topical Products	0.6	0.2	0.1	0.2	17	10	4	3	30	46	37	13	2,739,178	82,790,118	460,437	50.5	4,962,364
Miscellaneous Products	0.3	0.0	0.0	0.2	10	3	1	7	38	75	152	30	129,033	4,870,927	45,647	5.0	473,655
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	18	0	0	0	32	0	0	0	2,285,756	73,370,421	389,944	42.8	4,165,087
TOTAL NO. RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	45,906,739	1,726,163,993	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP 10 DRUG GROUP^{a, b, c, d}
 UNITED STATES, 1999

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users		Among Users			
		No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$228,061,513	317,461	34.8 %	3,428,747	0.7	\$90	\$67
ANTIDEPRESSANTS	169,761,808	395,688	43.4	4,191,370	0.8	52	41
ULCER DRUGS	145,832,038	317,042	34.8	3,363,556	0.7	64	43
ANTICONVULSANT	86,214,078	188,551	20.7	2,050,042	1.0	43	42
ANTIHYPERTENSIVE	71,414,136	262,153	28.7	2,729,698	0.8	32	26
DERMATOLOGICAL	61,570,943	710,049	77.9	7,798,266	0.3	29	8
CALCIUM BLOCKERS	54,818,672	154,859	17.0	1,627,014	0.8	40	34
ANALGESICS - Narcotic	53,578,707	307,835	33.8	3,185,193	0.5	31	17
ANTIDIABETIC	53,506,356	204,788	22.5	2,166,978	0.8	31	25
ANTIASTHMATIC	48,747,961	251,303	27.6	2,619,450	0.5	34	19

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 UNITED STATES, 1999

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as %	No. of Bene	Mean	Mean	Users as %	No. of Bene	Mean	Mean	
				of All-Year NF Residents								Mos among Users
All	20,725,039	\$973,506,212	317,461	34.8 %	3,428,747	0.7	\$67	395,688	43.4 %	4,191,370	0.8	\$41
Female	14,805,452	677,385,070	219,855	33.1	2,386,469	0.7	61	294,908	44.4	3,143,280	0.8	40
Disabled	2,198,895	122,356,915	35,894	51.8	408,460	0.9	101	33,067	47.7	368,656	0.8	47
64 or younger	1,603,450	92,930,277	24,894	53.3	284,051	1.0	112	24,513	52.5	274,106	0.8	49
65-74	326,285	16,852,712	5,778	54.3	65,921	0.9	90	4,304	40.4	47,968	0.8	42
75-84	186,095	8,952,383	3,690	49.2	41,709	0.8	69	2,770	36.9	30,579	0.7	38
85 and older	83,065	3,621,543	1,532	34.2	16,779	0.6	46	1,480	33.0	16,003	0.7	35
Other Eligibles	12,606,369	555,022,251	183,960	30.9	1,977,997	0.7	53	261,840	44.0	2,774,612	0.8	39
64 or younger	26,390	1,381,890	374	42.4	4,078	0.8	85	470	53.3	5,008	0.8	48
65-74	1,788,424	88,672,504	26,644	48.0	294,015	0.8	79	31,961	57.6	345,591	0.8	43
75-84	4,677,656	211,258,434	69,547	36.3	752,555	0.7	58	95,224	49.8	1,013,785	0.8	41
85 and older	6,113,899	253,709,423	87,395	25.1	927,349	0.6	41	134,185	38.6	1,410,228	0.8	37
Male	5,918,869	296,090,856	97,597	39.5	1,042,196	0.8	78	100,763	40.8	1,047,928	0.8	42
Disabled	1,984,943	118,338,886	34,263	52.2	385,637	1.0	115	26,091	39.7	286,510	0.8	46
64 or younger	1,677,356	102,846,790	28,300	53.7	320,099	1.0	122	21,656	41.1	239,297	0.8	47
65-74	201,378	10,398,580	3,709	49.0	41,856	0.9	86	2,524	33.3	27,901	0.8	42
75-84	79,323	3,877,043	1,674	44.5	17,772	0.7	67	1,330	35.3	13,676	0.7	39
85 and older	26,886	1,216,473	580	34.8	5,910	0.6	51	581	34.9	5,636	0.7	34
Other Eligibles	3,933,855	177,748,587	63,330	34.9	656,511	0.7	57	74,671	41.1	761,406	0.8	40
64 or younger	27,110	1,415,628	357	40.7	3,927	0.8	82	415	47.3	4,453	0.8	46
65-74	1,105,486	54,104,451	17,430	44.1	188,420	0.8	73	18,691	47.3	198,330	0.8	42
75-84	1,652,652	74,106,090	26,985	36.5	278,996	0.7	55	31,429	42.5	319,762	0.8	40
85 and older	1,148,607	48,122,418	18,558	27.7	185,168	0.6	42	24,136	36.0	238,861	0.8	38
Unknown	977	39,573	14	29.8	142	0.6	32	19	40.4	186	0.8	32

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 UNITED STATES, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONSULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	317,042	34.8 %	3,363,556	0.7	\$43	188,551	20.7 %	2,050,042	1.0	\$42	262,153	28.7 %	2,729,698	0.8	\$26
Female	230,786	34.7	2,463,234	0.7	43	119,770	18.0	1,305,055	1.0	39	186,700	28.1	1,954,861	0.8	26
Disabled	25,230	36.4	279,454	0.7	46	31,256	45.1	353,405	1.1	54	17,479	25.2	192,041	0.8	27
64 or younger	17,203	36.8	191,265	0.7	47	24,978	53.5	283,398	1.1	58	10,885	23.3	119,788	0.8	28
65-74	3,734	35.1	41,368	0.7	44	3,825	35.9	42,866	1.0	42	3,230	30.3	35,897	0.8	26
75-84	2,683	35.8	29,506	0.7	43	1,869	24.9	20,844	1.0	35	2,176	29.0	23,837	0.8	25
85 and older	1,610	35.9	17,315	0.7	39	584	13.0	6,297	0.9	30	1,188	26.5	12,519	0.8	23
Other Eligibles	205,549	34.5	2,183,713	0.7	43	88,514	14.9	951,650	0.9	33	169,218	28.4	1,762,798	0.8	25
64 or younger	331	37.5	3,519	0.7	41	413	46.8	4,375	1.1	52	240	27.2	2,406	0.8	29
65-74	22,246	40.1	241,116	0.7	45	19,162	34.5	211,275	1.0	42	19,063	34.3	204,680	0.8	27
75-84	69,690	36.4	746,227	0.7	43	36,433	19.0	393,811	0.9	34	59,366	31.0	624,023	0.8	26
85 and older	113,282	32.6	1,192,851	0.7	42	32,506	9.4	342,189	0.8	27	90,549	26.1	931,689	0.8	25
Male	86,241	34.9	900,192	0.7	44	68,773	27.8	744,928	1.0	48	75,440	30.5	774,729	0.8	28
Disabled	23,124	35.2	252,514	0.7	48	32,208	49.1	361,914	1.1	59	17,346	26.4	187,918	0.8	29
64 or younger	18,715	35.5	205,569	0.7	49	28,302	53.7	319,342	1.1	61	13,426	25.5	146,213	0.8	30
65-74	2,558	33.8	27,937	0.7	44	2,770	36.6	30,745	1.0	43	2,302	30.4	25,278	0.8	28
75-84	1,319	35.0	13,757	0.6	40	893	23.7	9,463	1.0	37	1,170	31.1	12,012	0.8	26
85 and older	532	31.9	5,251	0.6	41	243	14.6	2,364	0.9	28	448	26.9	4,415	0.7	24
Other Eligibles	63,116	34.8	647,666	0.7	43	36,565	20.1	383,014	0.9	37	58,094	32.0	586,811	0.8	28
64 or younger	344	39.2	3,822	0.7	44	495	56.4	5,387	1.1	51	274	31.2	2,929	0.8	29
65-74	15,000	37.9	158,927	0.7	45	13,342	33.8	144,880	1.0	43	14,369	36.4	151,048	0.8	28
75-84	25,745	34.8	264,688	0.7	43	15,072	20.4	156,194	0.9	35	24,644	33.3	248,256	0.8	28
85 and older	22,027	32.8	220,229	0.7	42	7,656	11.4	76,553	0.9	30	18,807	28.0	184,578	0.8	27
Unknown	23	48.9	209	0.8	53	8	17.0	59	1.0	28	16	34.0	130	0.7	24

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 UNITED STATES, 1999

Beneficiary Characteristics	DERMATOLOGICAL					CALCIUM BLOCKERS					ANALGESICS - Narcotic				
	No. of Users	Users as %	No. of Bene NF Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as %	No. of Bene NF Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as %	No. of Bene NF Mos among Users	Mean No. of Rx	Mean Rx \$
		of All-Year Residents					of All-Year Residents					of All-Year Residents			
All	710,049	77.9 %	7,798,266	0.3	\$8	154,859	17.0 %	1,627,014	0.8	\$34	307,835	33.8 %	3,185,193	0.5	\$17
Female	508,686	76.5	5,609,869	0.3	8	118,587	17.8	1,250,816	0.8	34	236,515	35.6	2,468,606	0.6	17
Disabled	63,273	91.3	720,407	0.3	9	10,606	15.3	117,221	0.8	37	24,012	34.6	260,797	0.6	20
64 or younger	44,789	95.9	512,167	0.3	9	6,139	13.1	67,867	0.9	39	17,561	37.6	191,446	0.6	22
65-74	8,981	84.3	102,229	0.3	9	2,106	19.8	23,484	0.9	37	3,149	29.6	34,235	0.6	19
75-84	6,115	81.6	68,635	0.3	8	1,530	20.4	16,843	0.8	34	2,097	28.0	22,535	0.5	13
85 and older	3,388	75.6	37,376	0.3	9	831	18.5	9,027	0.8	31	1,205	26.9	12,581	0.4	15
Other Eligibles	445,402	74.8	4,889,353	0.3	8	107,980	18.1	1,133,590	0.8	33	212,501	35.7	2,207,788	0.5	17
64 or younger	695	78.8	7,595	0.3	9	124	14.1	1,293	0.9	40	303	34.4	3,043	0.6	19
65-74	47,017	84.7	527,075	0.3	8	11,634	21.0	125,684	0.9	37	23,668	42.6	252,515	0.6	20
75-84	147,033	76.8	1,624,984	0.3	8	37,656	19.7	397,603	0.8	34	71,075	37.1	746,695	0.6	18
85 and older	250,657	72.1	2,729,699	0.3	7	58,566	16.9	609,010	0.8	32	117,455	33.8	1,205,535	0.5	15
Male	201,343	81.5	2,188,206	0.3	9	36,265	14.7	376,134	0.8	34	71,298	28.8	716,357	0.5	16
Disabled	58,119	88.5	656,216	0.3	10	8,717	13.3	95,433	0.8	38	18,028	27.5	190,690	0.6	20
64 or younger	47,242	89.7	536,140	0.3	10	6,614	12.6	72,756	0.9	39	15,176	28.8	161,507	0.6	22
65-74	6,383	84.3	71,822	0.3	9	1,280	16.9	14,222	0.8	37	1,627	21.5	17,338	0.5	13
75-84	3,180	84.4	34,435	0.3	8	585	15.5	6,120	0.8	31	800	21.2	7,913	0.4	12
85 and older	1,314	78.9	13,819	0.3	8	238	14.3	2,335	0.8	29	425	25.5	3,932	0.4	12
Other Eligibles	143,221	78.9	1,531,954	0.3	8	27,548	15.2	280,701	0.8	33	53,270	29.3	525,667	0.5	14
64 or younger	764	87.1	8,666	0.3	9	135	15.4	1,511	0.9	42	292	33.3	2,959	0.5	17
65-74	32,649	82.6	359,720	0.3	9	7,104	18.0	75,442	0.8	36	12,197	30.9	126,090	0.5	16
75-84	59,244	80.1	635,256	0.3	8	11,817	16.0	119,857	0.8	33	21,195	28.6	209,589	0.5	14
85 and older	50,564	75.3	528,312	0.3	8	8,492	12.7	83,891	0.8	31	19,586	29.2	187,029	0.4	12
Unknown	34	72.3	336	0.4	8	8	17.0	69	0.8	31	24	51.1	251	0.6	16

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 UNITED STATES, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					All-Year NF Residents	Bene Mos among All-Year NF Residents
	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among NF Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among NF Users	Mean No. of Rx	Mean Rx \$		
All	204,788	22.5 %	2,166,978	0.8	\$25	251,303	27.6 %	2,619,450	0.5	\$19	911,907	9,250,355
Female	149,516	22.5	1,594,687	0.8	25	171,978	25.9	1,811,219	0.5	18	664,693	6,797,475
Disabled	19,542	28.2	216,465	0.9	29	19,321	27.9	210,843	0.6	22	69,327	757,808
64 or younger	12,658	27.1	140,248	0.9	31	13,318	28.5	145,492	0.7	23	46,700	513,918
65-74	3,763	35.3	42,344	0.8	28	2,943	27.6	32,294	0.7	23	10,648	117,094
75-84	2,188	29.2	23,998	0.8	24	1,943	25.9	21,082	0.5	16	7,498	80,571
85 and older	933	20.8	9,875	0.7	19	1,117	24.9	11,975	0.4	14	4,481	46,225
Other Eligibles	129,972	21.8	1,378,198	0.8	24	152,654	25.6	1,600,344	0.5	17	595,366	6,039,667
64 or younger	271	30.7	2,844	0.9	29	294	33.3	3,045	0.8	31	882	8,726
65-74	21,717	39.1	235,023	0.8	29	19,071	34.3	202,535	0.6	23	55,530	581,428
75-84	54,414	28.4	580,272	0.8	25	54,356	28.4	570,435	0.5	19	191,389	1,961,478
85 and older	53,570	15.4	560,059	0.8	21	78,933	22.7	824,329	0.4	14	347,565	3,488,035
Male	55,268	22.4	572,258	0.8	25	79,315	32.1	808,112	0.6	21	247,167	2,452,463
Disabled	13,837	21.1	150,076	0.8	28	17,809	27.1	191,381	0.7	22	65,659	704,612
64 or younger	10,673	20.3	116,315	0.9	29	14,004	26.6	151,879	0.7	24	52,658	570,198
65-74	1,941	25.6	21,337	0.8	25	2,117	28.0	22,800	0.6	21	7,569	81,922
75-84	917	24.3	9,387	0.7	21	1,154	30.6	11,738	0.5	16	3,766	37,333
85 and older	306	18.4	3,037	0.7	19	534	32.1	4,964	0.4	12	1,666	15,159
Other Eligibles	41,431	22.8	422,182	0.8	24	61,505	33.9	616,719	0.6	21	181,508	1,747,851
64 or younger	188	21.4	1,970	0.9	27	338	38.5	3,582	0.8	34	877	8,942
65-74	11,654	29.5	122,993	0.8	26	13,964	35.3	144,367	0.7	24	39,528	401,140
75-84	18,457	24.9	187,402	0.8	24	25,928	35.0	258,963	0.6	21	73,989	713,999
85 and older	11,132	16.6	109,817	0.8	21	21,275	31.7	209,807	0.5	18	67,114	623,770
Unknown	6	12.8	57	0.7	38	14	29.8	163	0.4	17	47	417

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 463,461 beneficiaries who were in nursing facilities for part of their enrollment and their 4,254,775 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
UNITED STATES, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	39,735,827	3,685,036	7,042,138	7,967,678	21,037,399	3,576	375,552,592	38,175,075	76,488,267	66,280,106	194,589,241	19,903
Age												
5 and younger	8,975,731	158	211,060	10,846	8,753,185	482	79,628,013	931	2,195,039	40,619	77,389,195	2,229
6-14	9,613,309	87	618,184	19,448	8,975,143	447	94,724,549	661	6,910,826	72,052	87,738,047	2,963
15-20	4,312,224	49	423,091	779,582	3,109,219	283	39,021,293	452	4,581,884	6,011,875	28,425,634	1,448
21-44	8,819,302	876	2,443,207	6,284,761	89,131	1,327	79,315,445	8,847	26,599,336	52,253,544	445,010	8,708
45-64	3,579,479	8,830	2,723,426	843,754	2,897	572	36,991,050	89,597	29,222,031	7,667,374	9,421	2,627
65-74	1,747,851	1,280,140	450,450	16,900	80	281	18,807,658	13,556,364	5,078,596	171,034	380	1,284
75-84	1,476,350	1,341,885	132,408	1,915	25	117	15,609,960	14,117,191	1,474,289	17,984	119	377
85 and older	1,090,478	1,045,937	40,288	4,163	37	53	10,807,506	10,363,335	426,088	17,634	218	231
Unknown	121,103	7,074	24	6,309	107,682	14	647,118	37,697	178	27,990	581,217	36
Gender												
Female	23,343,384	2,662,550	3,690,849	6,511,525	10,476,462	1,998	220,442,236	27,883,080	40,571,782	54,897,479	97,078,636	11,259
Male	16,296,795	1,017,950	3,351,167	1,453,572	10,472,565	1,541	154,527,652	10,263,738	35,915,272	11,371,651	96,968,619	8,372
Unknown	95,648	4,536	122	2,581	88,372	37	582,704	28,257	1,213	10,976	541,986	272
Race												
White	17,848,599	2,132,323	3,640,850	3,633,652	8,439,369	2,405	166,421,933	21,533,315	39,308,810	29,336,477	76,229,973	13,358
African American	10,638,656	561,339	1,765,913	2,124,821	6,186,039	544	104,327,606	6,003,586	19,365,708	18,757,805	60,197,317	3,190
Other/unknown	11,248,572	991,374	1,635,375	2,209,205	6,411,991	627	104,803,053	10,638,174	17,813,749	18,185,824	58,161,951	3,355
Use of Nursing Facilities												
All year	946,697	807,451	138,740	282	204	20	9,694,912	8,174,218	1,516,431	2,271	1,899	93
Part year	494,047	379,132	111,816	2,077	1,008	14	4,687,100	3,504,079	1,153,114	19,846	9,947	114
None	38,295,083	2,498,453	6,791,582	7,965,319	21,036,187	3,542	361,170,580	26,496,778	73,818,722	66,257,989	194,577,395	19,696
Maintenance Assistance Status												
Cash	16,706,838	1,735,183	5,610,514	2,918,070	6,443,040	31	172,924,074	19,436,006	62,435,163	26,453,938	64,598,650	317
Medically needy	3,462,712	594,479	464,481	862,200	1,541,552	0	29,705,715	5,528,526	4,330,016	6,618,302	13,228,871	0
Poverty related	11,061,278	328,644	350,346	1,337,917	9,044,368	3	95,372,768	3,376,416	3,547,330	8,421,434	80,027,577	11
Other/unknown	8,504,975	1,026,719	616,795	2,849,480	4,008,439	3,542	77,549,852	9,834,010	6,175,750	24,786,374	36,734,143	19,575
Missing	24	11	2	11	0	0	183	117	8	58	0	0
Dual Status^c												
Full dual, all year	5,810,417	3,293,557	2,451,041	63,778	1,348	693	62,009,508	34,339,118	27,070,536	586,748	10,207	2,899
Full dual, part year	186,504	98,384	86,328	1,773	14	5	1,964,298	1,023,432	921,578	19,102	146	40
Non-dual, all year	33,738,906	293,095	4,504,769	7,902,127	21,036,037	2,878	311,578,786	2,812,525	48,496,153	65,674,256	194,578,888	16,964
Managed Care Status												
FFS all year	21,855,056	3,209,914	5,231,989	3,621,587	9,789,350	2,216	197,563,415	33,078,155	56,183,535	25,348,445	82,939,809	13,471
FFS part year, with Rx claims	3,008,710	103,725	355,684	844,768	1,704,478	55	30,630,753	1,138,906	4,001,929	8,046,220	17,443,288	410
FFS part year, no Rx claims	3,727,455	26,888	129,148	847,111	2,724,232	76	34,342,850	259,823	1,333,847	7,212,483	25,536,256	441
MC all year, with Rx claims	1,623,559	74,762	287,215	412,966	848,264	352	17,284,558	823,058	3,337,030	4,194,460	8,926,916	3,094

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
MC all year, no Rx claims	9,520,563	269,747	1,038,102	2,241,246	5,971,075	393	95,730,410	2,875,133	11,631,926	21,478,498	59,742,972	1,881
Unknown	484	0	0	0	0	484	606	0	0	0	0	606

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; N.A. = not available; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 UNITED STATES, 1999

	Benes and Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	39,735,827	375,552,592	28,591,221	224,548,061	11,144,122	151,002,963
FFS all year	21,855,056	197,563,415	21,855,056	197,562,512	0	0
FFS part year, with Rx claims	3,008,710	30,630,753	3,008,710	14,497,210	0	16,133,543
FFS part year, with no Rx claims	3,727,455	34,342,850	3,727,455	12,488,339	0	21,854,511
MC all year, with Rx claims	1,623,559	17,284,558	0	0	1,623,559	17,284,555
MC all year, with no Rx claims	9,520,563	95,730,410	0	0	9,520,563	95,730,354
Unknown	484	606	0	0	0	0

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 11
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
All	5,309,969	3,084,436	2,187,662	36,213	1,223	435	55,277,615	31,507,079	23,496,378	263,420	8,502	2,236
Age												
5 and younger	450	82	329	0	39	0	3,735	379	2,995	0	361	0
6-14	944	15	775	1	153	0	9,754	68	8,247	6	1,433	0
15-20	7,940	7	7,433	123	377	0	80,937	76	76,759	823	3,279	0
21-44	801,936	548	779,076	21,839	403	70	8,512,568	5,579	8,343,003	160,995	2,481	510
45-64	930,786	4,416	913,755	12,317	169	129	9,819,078	45,424	9,682,257	90,178	521	698
65-74	1,358,163	1,014,688	341,593	1,687	56	139	14,355,449	10,545,729	3,798,903	9,842	286	689
75-84	1,253,529	1,142,871	110,369	208	16	65	13,086,333	11,861,777	1,222,973	1,287	70	226
85 and older	956,180	921,777	34,329	35	8	31	9,409,436	9,047,766	361,222	273	68	107
Unknown	41	32	3	3	2	1	325	281	19	16	3	6
Gender												
Female	3,456,201	2,253,441	1,182,144	19,785	602	229	36,268,170	23,260,755	12,853,234	149,090	3,941	1,150
Male	1,853,758	830,994	1,005,511	16,426	621	206	19,009,344	8,246,312	10,643,060	114,325	4,561	1,086
Unknown	10	1	7	2	0	0	101	12	84	5	0	0
Race												
White	3,171,780	1,851,100	1,299,534	20,149	622	375	32,448,990	18,388,564	13,908,492	145,370	4,662	1,902
African American	954,162	480,918	464,328	8,480	406	30	10,146,385	5,084,527	4,996,250	63,137	2,287	184
Other/unknown	1,184,027	752,418	423,800	7,584	195	30	12,682,240	8,033,988	4,591,636	54,913	1,553	150
Use of Nursing Facilities												
All year	842,256	753,722	88,441	75	4	14	8,516,100	7,552,516	962,785	692	48	59
Part year	403,547	345,798	57,560	170	9	10	3,692,158	3,108,644	581,766	1,603	83	62
None	4,064,166	1,984,916	2,041,661	35,968	1,210	411	43,069,357	20,845,919	21,951,827	261,125	8,371	2,115
Maintenance Assistance Status												
Cash	2,829,320	1,404,564	1,414,424	10,271	54	7	31,241,291	15,485,515	15,681,548	73,837	370	21
Medically needy	736,393	477,719	250,620	7,896	158	0	6,952,959	4,444,853	2,448,360	58,524	1,222	0
Poverty-related	516,433	291,253	221,560	3,397	223	0	5,222,881	2,941,021	2,257,727	22,304	1,829	0
Other/unknown	1,227,812	910,890	301,058	14,648	788	428	11,860,373	8,635,585	3,108,743	108,749	5,081	2,215
Missing	11	10	0	1	0	0	111	105	0	6	0	0
Dual Medicare Status^c												
Full dual, all year	5,139,086	2,994,408	2,108,213	34,824	1,211	430	53,531,098	30,594,211	22,676,636	249,660	8,383	2,208
Full dual, part year	170,883	90,028	79,449	1,389	12	5	1,746,517	912,868	819,742	13,760	119	28
Managed Care Status												
FFS all year	5,078,436	2,966,430	2,082,200	28,306	1,077	423	53,889,108	30,778,726	22,870,902	229,398	7,882	2,200
FFS part year, with Rx claims	186,333	95,663	85,023	5,537	99	11	1,184,091	623,762	533,288	26,520	486	35
FFS part year, no Rx claims	45,200	22,343	20,439	2,370	47	1	204,416	104,591	92,188	7,502	134	1

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

- a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	84.1 %	34.8	\$1,629	\$47	\$11,786	13.8 %	\$49	5,309,969
Age								
5 and younger	84.0	30.1	2,095	70	17,101	12.3	72	450
6-14	89.6	41.9	5,254	125	14,062	37.4	74	944
15-20	74.8	19.0	1,655	87	10,565	15.7	22	7,940
21-44	81.0	28.1	2,093	75	11,849	17.7	31	801,936
45-64	85.8	39.4	2,153	55	12,206	17.6	63	930,786
65-74	82.8	33.0	1,431	43	7,626	18.8	57	1,358,163
75-84	85.2	36.6	1,447	40	11,707	12.4	50	1,253,529
85 and older	85.3	36.3	1,247	34	17,343	7.2	40	956,180
Unknown	78.0	24.6	947	39	15,032	6.3	21	41
Basis of Eligibility								
Aged	83.7	34.6	1,350	39	12,113	11.1	46	3,084,436
Disabled	84.8	35.4	2,030	57	11,447	17.7	55	2,187,662
Adults	69.9	18.3	1,201	66	4,746	25.3	24	36,213
Children	56.1	16.4	1,602	98	7,512	21.3	21	1,223
Unknown	24.6	8.2	382	47	1,725	22.1	14	435
Gender								
Female	86.5	37.7	1,614	43	11,839	13.6	53	3,456,201
Male	79.6	29.4	1,657	56	11,689	14.2	42	1,853,758
Unknown	60.0	7.0	267	38	2,094	12.8	1	10
Race								
White	85.0	39.0	1,793	46	13,763	13.0	49	3,171,780
African American	84.0	30.6	1,440	47	9,208	15.6	55	954,162
Other/unknown	81.6	26.9	1,344	50	8,570	15.7	47	1,184,027
Use of Nursing Facilities								
Entire year	86.5	50.0	1,833	37	29,734	6.2	62	842,256
Part year	88.4	40.6	1,595	39	18,480	8.6	50	403,547
None	83.1	31.1	1,590	51	7,402	21.5	47	4,064,166
Maintenance Assistance Status								
Cash	85.7	31.9	1,569	49	6,988	22.4	48	2,829,320
Medically needy	72.0	30.1	1,499	50	19,604	7.6	50	736,393
Poverty related	81.7	30.7	1,535	50	8,604	17.8	37	516,433
Other/unknown	88.3	46.1	1,886	41	19,493	9.7	58	1,227,812
Missing	54.5	21.8	1,513	69	4,938	30.6	33	11

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						No.		
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less		Mean \$, All Services	Benes	Bene Mos
								More than 10				
All	3.3	\$157	13.8 %	15.9 %	20.7 %	13.5 %	29.3 %	16.4 %	4.1 %	\$1,132	5,309,969	55,277,615
Age												
5 and younger	3.6	252	12.3	16.0	16.4	12.9	31.3	19.6	3.8	2,060	450	3,735
6-14	4.1	509	37.4	10.4	13.1	12.0	37.6	24.2	2.8	1,361	944	9,754
15-20	1.9	162	15.7	25.2	36.2	12.5	17.7	6.8	1.6	1,036	7,940	80,937
21-44	2.6	197	17.7	19.0	29.2	13.5	24.2	11.1	2.9	1,116	801,936	8,512,568
45-64	3.7	204	17.6	14.2	18.9	13.2	30.5	18.0	5.4	1,157	930,786	9,819,078
65-74	3.1	135	18.8	17.2	22.1	14.3	28.4	14.4	3.6	722	1,358,163	14,355,449
75-84	3.5	139	12.4	14.8	18.6	13.6	30.7	17.9	4.4	1,121	1,253,529	13,086,333
85 and older	3.7	127	7.2	14.7	16.1	12.6	31.9	20.5	4.2	1,762	956,180	9,409,436
Unknown	3.1	119	6.3	22.0	24.4	9.8	19.5	22.0	2.4	1,896	41	325
Basis of Eligibility												
Aged	3.4	132	11.1	16.3	19.4	13.5	29.5	17.1	4.2	1,186	3,084,436	31,507,079
Disabled	3.3	189	17.7	15.2	22.6	13.5	29.2	15.6	4.0	1,066	2,187,662	23,496,378
Adults	2.5	165	25.3	30.1	25.0	11.6	20.5	9.4	3.3	652	36,213	263,420
Children	2.4	230	21.3	43.9	16.8	8.7	19.0	9.3	2.3	1,081	1,223	8,502
Unknown	1.6	74	22.1	75.4	5.3	4.1	6.7	6.2	2.3	336	435	2,236
Gender												
Female	3.6	154	13.6	13.5	18.9	13.8	31.2	18.1	4.6	1,128	3,456,201	36,268,170
Male	2.9	162	14.2	20.4	24.2	13.0	25.7	13.4	3.2	1,140	1,853,758	19,009,344
Unknown	0.7	26	12.8	40.0	30.0	10.0	20.0	0.0	0.0	207	10	101
Race												
White	3.8	175	13.0	15.0	17.5	12.1	29.9	19.9	5.6	1,345	3,171,780	32,448,990
African American	2.9	135	15.6	16.0	23.5	15.3	30.4	12.6	2.2	866	954,162	10,146,385
Other/unknown	2.5	126	15.7	18.4	27.0	15.8	26.9	10.2	1.7	800	1,184,027	12,682,240
Use of Nursing Facilities												
Entire year	4.9	181	6.2	13.5	9.6	8.4	29.6	29.5	9.5	2,941	842,256	8,516,100
Part year	4.4	174	8.6	11.6	13.8	11.5	32.1	24.1	6.9	2,020	403,547	3,692,158
None	2.9	150	21.5	16.9	23.7	14.8	29.0	13.0	2.7	699	4,064,166	43,069,357
Maintenance Assistance Status												
Cash	2.9	142	22.4	14.3	24.9	15.6	29.9	12.8	2.5	633	2,829,320	31,241,291
Medically needy	3.2	159	7.6	28.0	17.2	10.4	24.4	16.0	4.1	2,076	736,393	6,952,959
Poverty related	3.0	152	17.8	18.3	21.5	13.8	30.3	13.2	2.8	851	516,433	5,222,881
Other/unknown	4.8	195	9.7	11.7	12.7	10.4	30.5	26.4	8.4	2,018	1,227,812	11,860,373
Missing	2.2	150	31	45.5	9.1	9.1	27.3	9.1	0.0	489	11	111

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.3	\$157	\$47	1.2	\$98	\$82	0.5	\$27	\$52	1.5	\$24	\$17
Age												
5 and younger	3.6	252	70	1.3	198	155	0.6	22	40	1.6	26	16
6-14	4.1	509	125	1.5	394	259	0.8	82	99	1.6	26	17
15-20	1.9	162	87	0.7	112	155	0.3	33	103	0.8	15	19
21-44	2.6	197	75	1.0	139	136	0.4	31	84	1.1	22	19
45-64	3.7	204	55	1.4	133	94	0.5	34	64	1.6	29	18
65-74	3.1	135	43	1.2	83	71	0.5	24	50	1.3	22	17
75-84	3.5	139	40	1.2	81	67	0.6	26	44	1.5	24	16
85 and older	3.7	127	34	1.1	70	63	0.7	25	37	1.7	25	15
Unknown	3.1	119	39	1.1	82	73	0.3	11	35	1.4	19	14
Basis of Eligibility												
Aged	3.4	132	39	1.2	78	67	0.6	24	43	1.5	23	16
Disabled	3.3	189	57	1.2	125	101	0.5	31	66	1.4	25	18
Adults	2.5	165	66	1.0	115	116	0.3	25	79	1.1	20	18
Children	2.4	230	98	0.9	161	178	0.4	49	110	0.9	16	18
Unknown	1.6	74	47	0.6	48	78	0.2	12	55	0.7	10	15
Gender												
Female	3.6	154	43	1.3	94	73	0.6	27	48	1.6	25	16
Male	2.9	162	56	1.0	105	103	0.5	28	60	1.2	23	18
Unknown	0.7	26	38	0.2	17	79	0.0	3	67	0.4	6	14
Race												
White	3.8	175	46	1.3	108	81	0.6	31	51	1.7	28	17
African American	2.9	135	47	1.0	87	84	0.5	23	51	1.2	20	16
Other/unknown	2.5	126	50	1.0	80	83	0.4	22	56	1.0	17	17
Use of Nursing Facilities												
Entire year	4.9	181	37	1.5	104	68	0.8	33	39	2.3	36	16
Part year	4.4	174	39	1.5	104	71	0.7	30	41	2.0	32	16
None	2.9	150	51	1.1	96	87	0.4	26	58	1.2	21	17
Maintenance Assistance Status												
Cash	3.2	159	50	1.1	90	84	0.4	25	57	1.2	21	17
Medically needy	3.0	152	50	1.1	101	91	0.5	28	52	1.4	24	17
Poverty related	4.8	195	41	1.1	98	86	0.5	26	54	1.3	22	17
Other/unknown	2.2	150	69	1.6	118	75	0.8	34	44	2.2	35	16
Missing	2.9	142	49	1.0	124	120	0.1	6	44	1.0	21	21

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 15
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Total No. of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			No.	As % of Dual Benes	No. of Bene Mos
Anti-infective Agents	0.3	0.2	0.0	0.1	\$24	\$21	\$0	\$2	\$72	\$121	\$61	\$14	9,631,265	\$697,645,165	2,691,055	50.7 %	29,650,902
Biologicals	0.1	0.1	0.0	0.0	40	21	8	11	345	297	2,752	261	77,629	26,799,468	60,536	1.1	676,362
Antineoplastic Agents	0.5	0.2	0.1	0.2	76	46	22	8	159	254	151	51	821,199	130,393,093	163,202	3.1	1,707,543
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	28	22	2	4	36	59	18	13	15,675,887	564,359,749	1,831,314	34.5	19,983,607
Cardiovascular Agents	1.4	0.5	0.3	0.6	48	25	14	9	34	54	42	14	45,359,194	1,541,177,272	2,980,178	56.1	32,221,600
Respiratory Agents	0.6	0.3	0.0	0.3	23	17	1	5	37	54	32	18	12,375,397	458,067,445	1,806,525	34.0	19,949,222
Gastrointestinal Agents	0.6	0.3	0.1	0.3	40	27	7	6	65	107	77	22	12,304,966	804,453,320	1,847,710	34.8	20,236,254
Genitourinary Agents	0.4	0.2	0.0	0.2	14	11	0	3	39	54	33	20	2,453,397	94,604,587	594,054	11.2	6,572,295
CNS Drugs	1.1	0.4	0.2	0.5	73	48	16	9	66	108	100	17	27,815,571	1,841,824,561	2,348,639	44.2	25,364,737
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	23	8	7	9	48	89	65	30	127,160	6,147,784	24,294	0.5	264,433
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	54	51	1	3	102	120	90	26	897,900	91,832,733	158,533	3.0	1,704,358
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	25	15	4	6	41	92	73	14	15,787,917	646,334,896	2,348,529	44.2	25,776,664
Neuromuscular Agents	0.9	0.3	0.2	0.4	42	26	7	10	48	93	44	22	10,989,691	530,203,737	1,142,602	21.5	12,507,779
Nutritional Products	0.6	0.0	0.2	0.3	10	1	5	5	18	23	25	14	5,557,656	101,680,152	921,284	17.4	9,833,039
Hematological Agents	0.6	0.1	0.2	0.3	36	22	7	7	56	257	32	21	5,385,396	302,438,116	782,537	14.7	8,382,602
Topical Products	0.4	0.2	0.1	0.2	14	9	3	2	33	47	38	14	9,663,459	316,184,975	1,976,699	37.2	21,990,778
Miscellaneous Products	0.4	0.1	0.1	0.2	80	47	25	7	185	336	273	37	564,687	104,686,423	124,829	2.4	1,316,071
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	42	0	0	0	9,386,996	391,838,462	1,883,955	35.5	20,812,193
TOTAL NO. RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	184,875,367	8,650,671,938	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$952,984,440	1,100,457	20.7 %	12,060,181	0.7	\$114	\$79
ULCER DRUGS	650,888,431	1,768,848	33.3	19,646,555	0.4	77	33
ANTIDEPRESSANTS	621,591,637	1,757,118	33.1	19,185,212	0.6	57	32
ANTIHYPERTENSIVE	436,003,113	1,788,923	33.7	19,710,618	0.6	38	22
ANTICONVULSANT	407,093,320	861,590	16.2	9,517,786	0.7	57	43
CALCIUM BLOCKERS	390,998,456	1,098,658	20.7	12,149,989	0.6	51	32
ANTIDIABETIC	385,624,461	1,322,750	24.9	14,585,647	0.6	43	26
ANTIHYPERLIPIDEMIC	342,801,566	715,574	13.5	8,088,299	0.5	78	42
ANALGESICS - ANTI-INFLAMMATORY	317,329,846	1,739,836	32.8	19,830,478	0.3	53	16
ANTIVIRAL	302,101,169	233,353	4.4	2,593,908	0.4	295	116

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Users as % No. of Bene		Mean No. of Rx	Mean Rx \$	No. of Users	Users as % No. of Bene		Mean No. of Rx	Mean Rx \$
				of Dual Benes	Mos among Users				of Dual Benes	Mos among Users		
All	74,255,672	\$4,807,416,439	1,100,457	20.7 %	12,060,181	0.7	\$79	1,768,848	33.3 %	19,646,555	0.4	\$33
Female	50,624,029	3,016,288,348	658,113	19.0	7,205,613	0.6	65	1,253,637	36.3	13,979,884	0.4	33
Disabled	19,960,869	1,388,137,682	302,023	25.5	3,426,258	0.7	86	457,387	38.7	5,231,355	0.4	32
5 and younger	986	58,368	17	10.1	156	0.4	23	47	27.8	445	0.5	21
6-14	3,434	240,410	3	0.9	30	0.2	13	122	36.6	1,378	0.4	24
15-20	23,391	1,873,381	495	15.4	5,514	0.6	76	650	20.2	7,374	0.3	24
21-44	4,587,922	392,572,760	117,505	35.9	1,332,897	0.7	98	89,102	27.2	1,015,453	0.4	31
45-64	9,450,498	658,864,600	131,523	26.0	1,490,459	0.7	89	211,327	41.8	2,402,067	0.4	35
65-74	4,172,100	242,806,625	34,523	14.8	396,053	0.6	60	107,633	46.3	1,247,862	0.4	29
75-84	1,374,323	74,460,749	13,492	15.8	152,758	0.6	48	37,386	43.9	431,637	0.4	30
85 and older	348,215	17,260,789	4,465	16.2	48,391	0.5	35	11,120	40.3	125,139	0.4	30
Other Eligibles	30,662,934	1,628,139,146	356,087	15.7	3,779,327	0.6	46	796,242	35.0	8,748,448	0.5	34
5 and younger	381	23,688	2	2.4	17	0.1	7	16	18.8	123	0.7	38
6-14	664	61,366	2	2.4	12	0.3	9	24	28.2	252	0.4	24
15-20	1,547	116,874	42	15.6	449	0.6	85	32	11.9	327	0.4	24
21-44	97,478	8,173,364	2,272	16.3	22,139	0.5	54	2,461	17.7	24,389	0.3	27
45-64	102,863	6,894,582	1,215	15.4	12,891	0.6	71	2,404	30.4	25,172	0.4	35
65-74	9,348,037	539,828,640	76,960	11.6	843,229	0.6	60	237,621	35.8	2,678,993	0.4	31
75-84	12,148,595	645,427,747	134,340	16.1	1,435,529	0.6	48	304,912	36.6	3,385,713	0.4	34
85 and older	8,963,369	427,612,885	141,254	18.7	1,465,061	0.5	36	248,772	32.9	2,633,479	0.6	37
Male	23,631,606	1,791,126,447	442,340	23.9	4,854,530	0.8	100	515,211	27.8	5,666,671	0.4	33
Disabled	14,416,143	1,286,109,883	317,060	31.5	3,575,096	0.8	117	258,797	25.7	2,914,682	0.4	34
5 and younger	951	63,221	6	3.8	50	0.5	6	62	38.8	663	0.4	17
6-14	4,726	344,150	8	1.8	85	0.4	42	166	37.6	1,896	0.4	25
15-20	31,308	2,817,672	917	21.7	10,065	0.7	104	632	15.0	7,165	0.3	26
21-44	5,993,986	647,361,510	175,695	38.9	1,986,539	0.9	126	87,608	19.4	994,182	0.4	33
45-64	6,496,013	526,197,979	120,470	29.5	1,356,117	0.9	114	120,846	29.6	1,349,187	0.4	36
65-74	1,508,094	88,958,790	14,532	13.3	164,183	0.7	67	38,346	35.2	438,013	0.4	30
75-84	314,336	16,947,827	4,222	16.8	45,773	0.6	53	8,905	35.4	99,585	0.4	31
85 and older	66,729	3,418,734	1,210	18.0	12,284	0.5	40	2,232	33.2	23,991	0.4	32
Other Eligibles	9,215,298	505,004,177	125,273	14.8	1,279,350	0.6	50	256,413	30.2	2,751,977	0.4	33
5 and younger	138	7,054	1	2.8	12	0.2	11	12	33.3	111	0.3	13
6-14	817	83,080	5	6.0	60	0.5	30	30	35.7	320	0.5	21
15-20	1,945	157,938	42	17.7	419	0.7	91	39	16.5	416	0.3	20
21-44	62,789	6,143,195	1,252	14.0	11,771	0.6	80	1,526	17.1	14,614	0.4	33
45-64	96,186	7,064,529	1,154	12.6	11,819	0.7	77	2,190	24.0	21,840	0.4	36
65-74	3,797,431	218,733,266	40,656	11.5	432,902	0.6	61	100,834	28.6	1,109,518	0.4	31
75-84	3,582,161	191,504,254	50,374	16.2	512,755	0.6	47	99,333	32.0	1,070,958	0.4	33
85 and older	1,673,831	81,310,861	31,789	19.1	309,612	0.5	36	52,449	31.5	534,200	0.5	35
Unknown	428	25,551	14	27.5	150	0.6	60	9	17.6	93	0.7	66

Table 16A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Mos	Mean No. of Rx	Mean Rx \$
All	1,757,118	33.1 %	19,185,212	0.6	\$32	1,788,923	33.7 %	19,710,618	0.6	\$22	861,590	16.2 %	9,517,786	0.7	\$43
Female	1,244,279	36.0	13,634,942	0.6	32	1,229,371	35.6	13,603,948	0.6	22	507,427	14.7	5,609,449	0.7	39
Disabled	563,839	47.7	6,361,137	0.5	34	374,923	31.7	4,255,219	0.5	22	291,693	24.7	3,296,384	0.7	47
5 and younger	23	13.6	194	0.7	30	34	20.1	348	0.5	10	12	7.1	136	0.9	66
6-14	21	6.3	232	0.6	19	167	50.2	1,835	0.5	18	23	6.9	245	0.9	55
15-20	796	24.8	8,732	0.4	29	541	16.8	6,082	0.4	19	731	22.8	8,097	0.7	51
21-44	177,927	54.3	1,999,699	0.5	37	39,010	11.9	438,896	0.5	19	117,964	36.0	1,332,357	0.8	54
45-64	279,434	55.3	3,142,059	0.6	35	169,948	33.6	1,909,551	0.6	22	132,944	26.3	1,499,578	0.7	46
65-74	75,637	32.5	870,049	0.5	25	113,467	48.8	1,306,902	0.5	22	28,963	12.4	331,639	0.6	28
75-84	23,221	27.2	265,189	0.5	24	40,670	47.7	467,607	0.6	22	8,933	10.5	101,151	0.6	24
85 and older	6,780	24.6	74,983	0.5	25	11,086	40.2	123,998	0.6	21	2,123	7.7	23,181	0.6	20
Other Eligibles	680,436	29.9	7,273,770	0.6	30	854,440	37.6	9,348,652	0.6	22	215,733	9.5	2,313,057	0.7	28
5 and younger	9	10.6	66	0.6	29	20	23.5	142	0.6	16	3	3.5	36	0.5	16
6-14	5	5.9	43	0.7	44	31	36.5	301	0.5	12	3	3.5	30	0.6	35
15-20	46	17.0	466	0.5	39	48	17.8	433	0.5	20	46	17.0	474	0.9	54
21-44	6,283	45.1	59,500	0.5	33	1,233	8.8	11,626	0.5	17	2,895	20.8	27,671	0.6	41
45-64	3,510	44.4	35,487	0.6	35	2,156	27.3	21,772	0.6	22	1,453	18.4	14,895	0.7	46
65-74	181,828	27.4	2,011,132	0.5	28	268,648	40.5	3,001,028	0.6	22	67,938	10.2	748,187	0.7	31
75-84	255,361	30.7	2,749,734	0.6	30	340,618	40.9	3,771,976	0.6	22	85,570	10.3	921,695	0.7	27
85 and older	233,394	30.9	2,417,342	0.7	32	241,686	32.0	2,541,374	0.7	22	57,825	7.7	600,069	0.7	24
Male	512,838	27.7	5,550,258	0.6	33	559,552	30.2	6,106,670	0.6	23	354,163	19.1	3,908,337	0.8	49
Disabled	325,563	32.4	3,624,788	0.6	35	244,463	24.3	2,716,467	0.6	22	266,544	26.5	2,994,096	0.8	54
5 and younger	15	9.4	140	0.3	12	29	18.1	291	0.6	10	8	5.0	90	0.4	8
6-14	29	6.6	325	0.5	30	232	52.5	2,630	0.5	20	40	9.0	441	0.7	53
15-20	852	20.2	9,414	0.5	36	616	14.6	6,877	0.5	18	990	23.5	11,073	0.8	60
21-44	159,415	35.3	1,784,694	0.5	36	57,060	12.6	636,532	0.5	20	141,202	31.3	1,592,522	0.8	59
45-64	135,980	33.3	1,503,342	0.6	35	123,848	30.3	1,360,036	0.6	23	107,078	26.2	1,197,551	0.8	52
65-74	22,610	20.8	255,546	0.5	26	49,264	45.2	560,950	0.5	23	13,686	12.6	154,183	0.7	31
75-84	5,173	20.6	56,412	0.5	26	10,874	43.2	122,062	0.5	23	2,953	11.7	32,296	0.7	27
85 and older	1,489	22.2	14,915	0.5	27	2,540	37.8	27,089	0.6	22	587	8.7	5,940	0.7	22
Other Eligibles	187,272	22.1	1,925,437	0.6	30	315,083	37.1	3,390,159	0.6	23	87,615	10.3	914,193	0.7	31
5 and younger	3	8.3	14	0.6	24	6	16.7	56	0.3	7	2	5.6	11	0.3	24
6-14	6	7.1	72	0.7	26	32	38.1	341	0.4	10	6	7.1	64	0.5	21
15-20	51	21.5	522	0.8	51	53	22.4	543	0.5	22	35	14.8	339	1.0	52
21-44	3,084	34.6	28,257	0.5	31	1,072	12.0	9,666	0.5	20	1,723	19.3	16,240	0.7	50
45-64	2,737	30.0	26,147	0.6	34	2,396	26.2	22,570	0.6	22	1,593	17.4	16,231	0.8	45
65-74	65,278	18.5	698,704	0.5	29	132,197	37.5	1,448,566	0.5	23	36,595	10.4	393,745	0.8	33
75-84	72,800	23.4	747,561	0.6	31	124,748	40.2	1,350,544	0.6	23	33,146	10.7	343,831	0.7	28
85 and older	43,313	26.0	424,160	0.6	32	54,579	32.8	557,873	0.6	23	14,515	8.7	143,732	0.7	25
Unknown	8	15.7	80	0.7	17	14	27.5	121	0.6	18	5	9.8	56	0.7	50

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.MedSpan.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIDIABETIC					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Beneficiaries among Users	Mean No. of Rx	Mean Rx \$
All	1,098,658	20.7 %	12,149,989	0.6	\$32	1,322,750	24.9 %	14,585,647	0.6	\$26	715,574	13.5 %	8,088,299	0.5	\$42
Female	812,198	23.5	9,014,448	0.6	32	952,896	27.6	10,568,147	0.6	27	507,228	14.7	5,757,789	0.6	43
Disabled	241,360	20.4	2,741,147	0.6	33	347,477	29.4	3,937,264	0.6	30	198,548	16.8	2,269,253	0.6	43
5 and younger	28	16.6	283	0.5	16	4	2.4	16	1.0	14	4	2.4	38	0.3	13
6-14	169	50.8	1,872	0.6	39	6	1.8	49	0.2	9	18	5.4	213	0.4	28
15-20	396	12.3	4,465	0.6	42	123	3.8	1,422	0.6	22	63	2.0	705	0.4	33
21-44	22,658	6.9	254,803	0.5	31	36,867	11.3	415,772	0.6	30	17,314	5.3	196,302	0.5	37
45-64	105,544	20.9	1,184,799	0.6	33	171,925	34.0	1,931,493	0.6	31	99,798	19.8	1,128,075	0.6	44
65-74	76,180	32.7	878,336	0.6	34	103,294	44.4	1,187,652	0.6	29	63,142	27.1	732,326	0.6	44
75-84	28,385	33.3	326,504	0.6	33	29,331	34.4	335,339	0.6	25	15,897	18.7	184,991	0.6	44
85 and older	8,000	29.0	90,085	0.6	31	5,927	21.5	65,521	0.6	20	2,312	8.4	26,603	0.5	39
Other Eligibles	570,837	25.1	6,273,289	0.6	32	605,413	26.6	6,630,831	0.6	25	308,678	13.6	3,488,516	0.5	43
5 and younger	18	21.2	125	0.7	31	5	5.9	18	0.8	22	3	3.5	18	0.6	52
6-14	40	47.1	392	0.7	36	3	3.5	36	0.3	8	0	0.0	0	0.0	0
15-20	25	9.3	243	0.6	41	6	2.2	48	0.8	39	2	0.7	24	0.3	12
21-44	764	5.5	7,232	0.5	29	1,035	7.4	9,720	0.6	29	447	3.2	4,275	0.5	35
45-64	1,359	17.2	13,751	0.6	34	2,133	27.0	21,686	0.6	30	1,040	13.2	10,776	0.6	43
65-74	174,825	26.3	1,955,571	0.6	32	234,137	35.3	2,607,737	0.6	27	146,629	22.1	1,657,249	0.5	43
75-84	230,072	27.6	2,556,568	0.6	32	245,118	29.4	2,698,643	0.6	24	127,117	15.3	1,445,457	0.6	43
85 and older	163,734	21.7	1,739,407	0.7	31	122,976	16.3	1,292,943	0.7	20	33,440	4.4	370,717	0.6	40
Male	286,460	15.5	3,135,541	0.6	32	369,854	20.0	4,017,500	0.6	26	208,346	11.2	2,330,510	0.5	41
Disabled	127,645	12.7	1,416,504	0.6	34	176,442	17.5	1,955,509	0.6	29	113,805	11.3	1,279,339	0.6	42
5 and younger	47	29.4	526	0.5	22	1	0.6	6	0.2	2	2	1.3	17	0.4	18
6-14	219	49.5	2,459	0.6	36	6	1.4	72	0.3	8	14	3.2	153	0.5	21
15-20	430	10.2	4,692	0.6	45	75	1.8	827	0.7	26	46	1.1	530	0.4	29
21-44	28,161	6.2	312,429	0.6	35	36,278	8.0	405,219	0.6	29	26,834	5.9	304,222	0.5	37
45-64	65,218	16.0	715,494	0.6	35	98,153	24.0	1,076,875	0.6	30	61,934	15.2	687,855	0.6	44
65-74	26,724	24.5	304,821	0.6	33	34,559	31.7	391,290	0.6	28	21,645	19.9	248,468	0.5	44
75-84	5,564	22.1	62,520	0.6	31	6,210	24.7	69,131	0.6	24	2,969	11.8	34,053	0.5	42
85 and older	1,282	19.1	13,563	0.6	30	1,160	17.3	12,089	0.6	21	361	5.4	4,041	0.5	38
Other Eligibles	158,813	18.7	1,719,023	0.6	31	193,411	22.8	2,061,979	0.6	24	94,541	11.1	1,051,171	0.5	41
5 and younger	7	19.4	66	0.5	30	2	5.6	13	0.4	12	1	2.8	12	0.6	16
6-14	37	44.0	415	0.7	52	0	0.0	0	0.0	0	1	1.2	12	0.3	6
15-20	48	20.3	477	0.6	45	3	1.3	27	0.6	19	3	1.3	32	0.3	11
21-44	555	6.2	5,024	0.6	36	772	8.7	7,050	0.6	32	512	5.7	4,682	0.5	36
45-64	1,229	13.5	11,586	0.6	34	2,003	21.9	19,027	0.6	29	1,253	13.7	11,743	0.6	44
65-74	67,336	19.1	740,289	0.6	32	90,029	25.5	979,734	0.6	26	52,893	15.0	589,562	0.5	41
75-84	63,075	20.3	686,755	0.6	30	73,762	23.7	787,062	0.6	23	33,923	10.9	380,801	0.5	41
85 and older	26,526	15.9	274,411	0.6	29	26,840	16.1	269,066	0.6	20	5,955	3.6	64,327	0.5	37
Unknown	3	5.9	26	0.3	15	7	13.7	64	0.7	21	2	3.9	20	1.0	74

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.MedSpan.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIVIRAL					No. of Benes	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$		
All	1,739,836	32.8 %	19,830,478	0.3	\$16	233,353	4.4 %	2,593,908	0.4	\$117	5,309,969	55,277,615
Female	1,264,451	36.6	14,453,187	0.3	17	98,626	2.9	1,109,740	0.3	60	3,456,173	36,267,948
Disabled	524,107	44.3	6,043,178	0.3	16	53,293	4.5	605,983	0.3	96	1,182,143	12,853,229
5 and younger	11	6.5	91	0.4	22	23	13.6	240	0.3	84	169	1,434
6-14	12	3.6	134	0.2	3	78	23.4	896	0.3	84	333	3,540
15-20	694	21.6	7,797	0.2	7	200	6.2	2,291	0.3	85	3,213	33,239
21-44	112,968	34.5	1,291,173	0.2	12	25,029	7.6	281,811	0.4	117	327,663	3,533,320
45-64	234,894	46.5	2,689,889	0.3	19	21,297	4.2	242,886	0.3	93	505,244	5,423,219
65-74	126,944	54.6	1,485,549	0.3	16	4,837	2.1	56,549	0.2	38	232,692	2,608,348
75-84	39,095	45.9	458,896	0.3	16	1,411	1.7	16,501	0.1	14	85,222	954,615
85 and older	9,489	34.4	109,649	0.3	16	418	1.5	4,809	0.1	8	27,607	295,514
Other Eligibles	740,340	32.6	8,409,973	0.3	18	45,332	2.0	503,752	0.1	17	2,274,030	23,414,719
5 and younger	11	12.9	108	0.3	12	4	4.7	38	0.7	202	85	483
6-14	4	4.7	34	0.3	7	22	25.9	247	0.4	138	85	685
15-20	33	12.2	328	0.2	2	10	3.7	113	0.2	49	270	2,116
21-44	3,980	28.6	38,980	0.3	12	1,212	8.7	12,359	0.5	156	13,938	105,933
45-64	2,895	36.6	29,833	0.3	17	394	5.0	4,024	0.5	153	7,900	67,222
65-74	269,828	40.6	3,091,762	0.3	17	11,782	1.8	134,130	0.2	22	663,794	6,988,483
75-84	291,908	35.1	3,346,302	0.3	18	15,516	1.9	175,335	0.1	10	832,526	8,754,570
85 and older	171,681	22.7	1,902,626	0.4	19	16,392	2.2	177,506	0.1	7	755,432	7,495,227
Male	475,384	25.6	5,377,279	0.3	13	134,726	7.3	1,484,156	0.5	159	1,853,745	19,009,241
Disabled	263,017	26.2	2,994,536	0.3	11	118,536	11.8	1,308,925	0.5	173	1,005,509	10,643,046
5 and younger	11	6.9	112	0.4	29	26	16.3	299	0.3	105	160	1,561
6-14	14	3.2	160	0.2	6	95	21.5	1,096	0.3	105	442	4,707
15-20	498	11.8	5,617	0.2	3	196	4.6	2,199	0.2	88	4,220	43,520
21-44	98,701	21.9	1,122,229	0.2	8	78,263	17.3	860,908	0.5	174	451,408	4,809,623
45-64	114,786	28.1	1,297,190	0.3	14	36,969	9.0	410,184	0.6	178	408,509	4,259,014
65-74	39,823	36.6	463,232	0.3	13	2,516	2.3	28,863	0.4	100	108,901	1,190,555
75-84	7,699	30.6	89,260	0.3	14	381	1.5	4,359	0.2	32	25,147	268,358
85 and older	1,485	22.1	16,736	0.3	14	90	1.3	1,017	0.1	9	6,722	65,708
Other Eligibles	212,366	25.0	2,382,734	0.3	14	16,190	1.9	175,231	0.2	51	848,236	8,366,195
5 and younger	3	8.3	27	0.3	10	3	8.3	36	0.8	52	36	257
6-14	2	2.4	18	0.2	112	23	27.4	252	0.5	175	84	822
15-20	22	9.3	235	0.2	5	24	10.1	269	0.4	116	237	2,062
21-44	2,181	24.5	20,706	0.3	11	1,159	13.0	11,458	0.5	176	8,920	63,618
45-64	2,330	25.5	22,755	0.3	14	772	8.5	7,779	0.6	190	9,131	69,599
65-74	95,696	27.1	1,083,860	0.3	14	6,048	1.7	67,149	0.3	60	352,776	3,568,063
75-84	79,735	25.7	903,821	0.3	15	5,041	1.6	55,304	0.2	18	310,633	3,108,787
85 and older	32,397	19.5	351,312	0.3	16	3,120	1.9	32,984	0.1	9	166,419	1,552,987
Unknown	6	11.8	57	0.4	11	2	3.9	17	0.3	14	51	426

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$181	4.9	842,256	8,516,100
Age				
0-64	280	5.8	56,869	628,274
65-74	233	5.7	105,978	1,103,199
75-84	191	5.2	268,485	2,709,976
85 and older	146	4.4	410,908	4,074,507
Unknown	87	2.9	16	144
Gender				
Female	175	4.9	624,961	6,376,146
Male	200	4.9	217,295	2,139,954
Unknown	0	0.0	0	0
Race				
White	188	5.2	671,028	6,718,444
African American	175	4.5	94,120	995,365
Other/unknown	132	3.3	77,108	802,291
Basis of Eligibility				
Aged	173	4.9	753,722	7,552,516
Disabled	249	5.4	88,441	962,785
Adults	145	2.6	75	692
Children	116	4.5	4	48
Unknown	192	5.3	14	59

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 17 includes dual beneficiaries who resided in nursing facilities throughout their 1999 Medicaid enrollment, those represented by Cell H of Table 1. A total of 403,547 dual beneficiaries who were in nursing facilities for part of their enrollment and their 3,692,158 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 18
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	As % of Dual All-Year NF Residents		
															No.		No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.1	\$17	\$14	\$0	\$2	\$47	\$72	\$48	\$14	1,809,278	\$85,385,566	488,623	58.0 %	5,166,957
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	12	5,752	27	36,391	749,901	32,737	3.9	365,000
Antineoplastic Agents	0.5	0.1	0.3	0.2	67	25	35	7	123	204	137	42	222,469	27,388,602	40,521	4.8	407,583
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	24	17	3	5	23	42	14	10	3,056,315	71,181,023	280,824	33.3	2,920,569
Cardiovascular Agents	1.8	0.4	0.5	1.0	42	16	13	13	23	40	29	13	9,545,104	219,046,549	505,725	60.0	5,188,378
Respiratory Agents	0.7	0.3	0.0	0.4	22	12	1	9	31	47	26	22	2,088,369	65,222,366	284,708	33.8	3,010,793
Gastrointestinal Agents	0.9	0.3	0.1	0.5	49	30	8	11	52	91	64	23	3,266,072	171,303,294	333,639	39.6	3,495,517
Genitourinary Agents	0.5	0.2	0.0	0.3	19	12	0	6	35	53	33	20	763,980	26,850,325	134,939	16.0	1,444,250
CNS Drugs	1.4	0.7	0.2	0.6	80	58	14	8	56	85	79	14	7,135,130	402,434,716	480,564	57.1	5,014,003
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	13	1	3	9	21	65	37	18	27,317	582,660	4,199	0.5	43,657
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	80	78	0	1	108	113	75	31	331,203	35,702,836	43,412	5.2	446,738
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	27	17	4	6	33	73	53	12	2,634,636	88,133,876	313,305	37.2	3,242,629
Neuromuscular Agents	1.2	0.3	0.3	0.6	48	22	12	14	40	72	44	23	2,690,602	108,660,242	212,492	25.2	2,266,512
Nutritional Products	0.8	0.0	0.2	0.5	13	0	6	7	17	22	23	14	1,896,990	32,421,513	242,896	28.8	2,505,431
Hematological Agents	1.0	0.1	0.3	0.5	33	16	8	9	34	170	23	16	1,840,776	62,402,970	183,911	21.8	1,898,867
Topical Products	0.6	0.2	0.1	0.2	16	9	4	3	30	45	37	13	2,533,574	75,878,057	427,948	50.8	4,605,562
Miscellaneous Products	0.3	0.0	0.0	0.2	9	2	1	6	34	68	148	26	108,739	3,682,650	41,286	4.9	427,827
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	17	0	0	0	32	0	0	0	2,092,191	67,027,480	360,129	42.8	3,838,622
TOTAL NO. RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	42,079,136	1,544,054,626	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 18 includes dual beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 1999, those represented by Cell H of Table 1. A total of 403,547 dual beneficiaries who were in nursing facilities for part of their enrollment and their 3,692,158 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003). In the U.S., 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	5,996,921	3,391,941	2,537,369	65,551	1,362	698	63,973,806	35,362,550	27,992,114	605,850	10,353	2,939
Age												
5 and younger	483	89	349	0	45	0	4,243	437	3,349	0	457	0
6-14	1,074	16	884	1	173	0	11,577	80	9,748	12	1,737	0
15-20	9,299	8	8,690	147	454	0	101,157	88	95,491	1,186	4,392	0
21-44	933,471	628	903,306	29,005	434	98	10,248,224	6,728	9,984,035	254,092	2,772	597
45-64	1,081,089	4,924	1,055,786	20,003	172	204	11,742,045	51,654	11,508,216	180,770	556	849
65-74	1,554,608	1,136,421	403,240	14,636	57	254	16,847,346	12,127,167	4,566,502	152,302	294	1,081
75-84	1,382,508	1,254,504	126,416	1,469	17	102	14,686,105	13,258,027	1,413,159	14,556	74	289
85 and older	1,034,347	995,319	38,694	287	8	39	10,332,757	9,918,077	411,579	2,916	68	117
Unknown	42	32	4	3	2	1	352	292	35	16	3	6
Gender												
Female	3,882,979	2,474,759	1,371,784	35,421	662	353	41,710,569	26,062,122	15,307,872	334,241	4,782	1,552
Male	2,113,932	917,181	1,165,578	30,128	700	345	22,263,136	9,300,416	12,684,158	271,604	5,571	1,387
Unknown	10	1	7	2	0	0	101	12	84	5	0	0
Race												
White	3,582,087	2,023,405	1,516,480	40,946	701	555	37,603,647	20,527,373	16,686,370	381,921	5,644	2,339
African American	1,073,097	524,242	534,172	14,150	442	91	11,691,497	5,650,129	5,907,668	130,601	2,821	278
Other/unknown	1,341,737	844,294	486,717	10,455	219	52	14,678,662	9,185,048	5,398,076	93,328	1,888	322
Use of Nursing Facilities												
All year	874,802	784,031	90,674	76	4	17	8,931,244	7,934,345	996,074	700	48	77
Part year	429,139	367,184	61,745	189	9	12	4,033,368	3,390,396	640,803	1,982	83	104
None	4,692,980	2,240,726	2,384,950	65,286	1,349	669	51,009,194	24,037,809	26,355,237	603,168	10,222	2,758
Maintenance Assistance Status												
Cash	3,292,929	1,599,193	1,679,804	13,840	66	26	37,178,659	17,981,523	19,074,559	121,738	569	270
Medically needy	776,093	502,734	263,374	9,795	190	0	7,412,033	4,717,743	2,610,351	82,360	1,579	0
Poverty related	556,862	309,886	242,985	3,743	248	0	5,827,292	3,213,384	2,584,570	27,108	2,230	0
Other/unknown	1,371,025	980,117	351,206	38,172	858	672	13,555,699	9,449,783	3,722,634	374,638	5,975	2,669
Missing	12	11	0	1	0	0	123	117	0	6	0	0
Dual Status^c												
Full dual, all year	5,810,417	3,293,557	2,451,041	63,778	1,348	693	62,009,508	34,339,118	27,070,536	586,748	10,207	2,899
Full dual, part year	186,504	98,384	86,328	1,773	14	5	1,964,298	1,023,432	921,578	19,102	146	40
Managed Care Status												
FFS all year	5,078,436	2,966,430	2,082,200	28,306	1,077	423	53,889,665	30,778,950	22,871,234	229,399	7,882	2,200
FFS part year, with Rx claims	186,333	95,663	85,023	5,537	99	11	2,073,434	1,053,299	963,384	55,741	913	97
FFS part year, no Rx claims	45,200	22,343	20,439	2,370	47	1	448,498	219,496	208,545	20,109	346	2
MC all year, with Rx claims	124,949	68,210	53,952	2,743	25	19	1,394,922	749,872	618,614	25,979	248	209

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
MC all year, no Rx claims	561,773	239,295	295,755	26,595	114	14	6,166,983	2,560,933	3,330,337	274,622	964	127
Unknown	230	0	0	0	0	230	304	0	0	0	0	304

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; N.A.= not available; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	Benes and Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	5,996,921	63,973,806	5,309,969	55,277,615	686,722	8,695,307
FFS all year	5,078,436	53,889,665	5,078,436	53,889,108	0	0
FFS part year, with Rx claims	186,333	2,073,434	186,333	1,184,091	0	889,343
FFS part year, with no Rx claims	45,200	448,498	45,200	204,416	0	244,082
MC all year, with Rx claims	124,949	1,394,922	0	0	124,949	1,394,921
MC all year, with no Rx claims	561,773	6,166,983	0	0	561,773	6,166,961
Unknown	230	304	0	0	0	0

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

NATIONAL COMPARISON TABLE N.1a
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
1999^a

	Total Rx \$ for Benes Included in this Study (TOTAL) ^c			Rx \$ Excluded from this Study By Reason		Rx \$ for Dual Eligible Benes Included in this Study ^f		Rx \$ for All-Year NF Residents Included in this Study ^g	Rx \$ for Part-Year NF Residents Excluded from this Study ⁱ	Rx \$ for Dual Eligible All-Year NF Residents Included in this Study ^h	Rx \$ for Dual Eligible Part-Year NF Residents Excluded from this Study ^j
	Total Rx \$ for All Benes in MAX 1999 (GRAND TOTAL) ^b	As % of GRAND TOTAL	Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e	As % of GRAND TOTAL						
	\$				\$						
All States	\$16,921,704,137	\$15,588,242,364	92.1 %	\$378,174,223	\$955,287,550	\$8,650,671,938	51.1 %	\$1,726,163,993	\$798,934,494	\$1,544,054,626	\$643,745,827
Alabama	281,557,579	279,881,785	99.4	306,427	1,369,367	149,750,460	53.2	29,082,804	14,168,868	27,488,701	13,033,975
Alaska	43,515,472	41,895,883	96.3	1,619,589	0	18,104,700	41.6	1,581,119	859,783	1,292,696	626,596
Arizona	1,529,371	0	0.0	63,210	1,466,161	0	0.0	0	0	0	0
Arkansas	187,294,261	181,871,230	97.1	977,301	4,445,730	96,503,061	51.5	25,788,928	13,031,612	23,058,587	11,315,340
California	1,831,000,095	1,780,885,240	97.3	19,647,710	30,467,145	1,062,516,355	58.0	84,802,583	77,344,230	71,466,819	59,170,262
Colorado	149,460,641	19,346,915	12.9	1,714,647	128,399,079	8,625,803	5.8	2,102,956	2,313,246	1,866,995	1,718,023
Connecticut	223,927,979	223,848,943	100.0	32,379	46,657	152,969,937	68.3	38,344,531	19,533,351	34,322,382	15,342,461
Delaware	54,924,178	26,742,868	48.7	25,436	28,155,874	17,908,196	32.6	4,055,351	1,375,169	3,566,894	1,169,779
D.C.	46,410,526	44,812,112	96.6	971,887	626,527	20,577,143	44.3	1,163,556	923,876	841,049	511,207
Florida	1,145,728,684	1,075,605,244	93.9	47,206,752	22,916,688	616,576,321	53.8	89,580,015	41,049,410	81,854,615	32,494,561
Georgia	485,571,926	477,623,460	98.4	7,865,899	82,567	231,795,290	47.7	49,775,691	21,001,180	45,450,567	18,793,429
Hawaii	47,029,096	45,302,135	96.3	1,347,443	379,518	28,527,756	60.7	2,800,165	2,319,130	2,434,955	1,558,179
Idaho	69,939,588	69,843,949	99.9	95,639	0	34,487,500	49.3	6,903,632	3,593,802	6,454,530	3,065,965
Illinois	705,633,571	697,356,418	98.8	8,129,145	148,008	312,830,103	44.3	138,523,907	42,008,060	113,640,458	26,400,930
Indiana	390,111,976	389,755,321	99.9	299,161	57,494	226,842,435	58.1	80,547,453	28,070,771	73,333,098	23,978,156
Iowa	172,831,402	168,449,852	97.5	20,222	4,361,328	97,240,536	56.3	25,806,650	12,354,680	24,376,313	10,908,535
Kansas	142,087,767	135,670,045	95.5	1,437,392	4,980,330	82,056,063	57.8	24,439,969	9,784,186	22,553,423	8,749,236
Kentucky	370,780,161	348,953,510	94.1	7,615,197	14,211,454	162,930,517	43.9	41,700,644	16,367,229	38,311,443	14,151,088
Louisiana	424,067,522	418,373,893	98.7	5,693,629	0	205,771,608	48.5	69,745,180	18,904,612	60,763,221	15,796,218
Maine	150,990,367	147,601,697	97.8	2,499,753	888,917	84,700,492	56.1	11,483,693	7,023,195	10,817,574	6,020,928
Maryland	189,418,677	134,280,975	70.9	15,464,995	39,672,707	107,740,027	56.9	32,937,883	14,614,729	28,590,036	11,410,161
Massachusetts	610,824,971	375,850,274	61.5	21,998,605	212,976,092	322,310,480	52.8	63,300,875	30,857,566	58,317,784	25,891,551
Michigan	309,038,670	304,913,752	98.7	3,997,653	127,265	231,895,702	75.0	42,177,471	22,059,271	38,954,032	20,038,603
Minnesota	196,256,328	194,623,967	99.2	1,606,766	25,595	111,326,057	56.7	24,920,934	11,048,603	21,717,413	8,413,809
Mississippi	290,866,144	290,828,832	100.0	37,096	216	177,361,869	61.0	33,324,483	8,179,471	31,614,649	7,442,641
Missouri	508,078,061	507,211,169	99.8	282,698	584,194	310,158,540	61.0	59,546,234	32,101,402	54,371,328	27,643,982
Montana	53,851,615	51,608,601	95.8	1,576,034	666,980	28,491,933	52.9	7,183,041	2,881,479	6,706,843	2,372,430
Nebraska	120,178,117	87,065,579	72.4	100,368	33,012,170	66,239,260	55.1	19,872,399	6,525,080	18,363,523	5,609,372
Nevada	42,795,400	42,268,254	98.8	506,109	21,037	21,288,608	49.7	3,975,615	2,635,931	3,345,445	1,963,920
New Hampshire	67,304,068	66,748,812	99.2	84,315	470,941	39,594,999	58.8	9,754,017	4,343,745	9,257,329	3,838,274
New Jersey	505,694,080	469,241,917	92.8	36,106,475	345,688	282,813,651	55.9	61,584,828	22,436,398	54,847,073	17,688,767
New Mexico	40,425,123	40,203,420	99.5	214,814	6,889	36,071,075	89.2	7,098,075	2,582,204	6,541,824	2,226,504

Table N.1a

All Medicaid Beneficiaries

	Total Rx \$ for Benes Included in this Study (TOTAL) ^c			Rx \$ Excluded from this Study By Reason		Rx \$ for Dual Eligible Benes Included in this Study ^f					
	Total Rx \$ for All Benes in MAX 1999 (GRAND TOTAL) ^b	\$	As % of GRAND TOTAL	Benes Not Eligible for		\$	As % of GRAND TOTAL	Rx \$ for All-Year NF Residents Included in this Study ^g	Rx \$ for Part- Year NF Residents Excluded from this Study ⁱ	Rx \$ for Dual Eligible All-Year NF Residents Included in this Study ^h	Rx \$ for Dual Eligible Part- Year NF Residents Excluded from this Study ^j
				Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e						
New York	2,024,502,247	1,824,473,467	90.1	39,322,274	160,706,506	793,172,514	39.2	41,273,031	52,484,575	27,889,981	31,337,859
North Carolina	662,374,137	618,853,692	93.4	36,593,690	6,926,755	353,974,947	53.4	36,569,761	26,744,312	34,392,176	24,005,217
North Dakota	32,834,003	32,745,592	99.7	19,423	68,988	21,161,850	64.5	7,882,536	1,929,559	7,578,418	1,676,934
Ohio	783,450,293	782,226,588	99.8	1,218,106	5,599	410,740,176	52.4	140,609,021	43,029,439	125,996,548	32,971,160
Oklahoma	170,614,243	164,985,055	96.7	641,851	4,987,337	103,146,765	60.5	33,829,560	17,058,761	30,750,508	14,699,405
Oregon	131,132,345	42,889,835	32.7	20,969,764	67,272,746	22,754,808	17.4	4,997,895	3,336,151	4,655,102	2,908,703
Pennsylvania	549,895,837	490,732,374	89.2	35,728,385	23,435,078	267,669,798	48.7	70,262,700	33,056,641	62,712,218	28,053,878
Rhode Island	77,608,814	65,735,643	84.7	11,807,075	66,096	40,231,569	51.8	10,135,746	4,314,502	9,052,088	3,597,015
South Carolina	280,494,477	277,872,360	99.1	1,398,761	1,223,356	151,285,610	53.9	2,912,668	3,974,845	2,735,289	3,687,828
South Dakota	38,117,396	38,065,268	99.9	52,128	0	22,034,109	57.8	9,292,174	2,434,978	8,719,982	2,133,887
Tennessee	0	0	0.0	0	0	0	0.0	0	0	0	0
Texas	980,322,090	908,212,766	92.6	3,116,009	68,993,315	452,584,647	46.2	134,745,934	54,808,811	124,412,609	47,842,343
Utah	84,986,590	6,514,189	7.7	318,855	78,153,546	2,652,033	3.1	349,088	289,985	308,546	254,849
Vermont	75,141,177	52,888,299	70.4	14,255,555	7,997,323	33,380,744	44.4	5,263,782	2,008,084	4,878,626	1,781,344
Virginia	337,652,121	337,565,543	100.0	77,323	9,255	184,883,768	54.8	38,578,226	18,312,979	34,885,952	15,746,715
Washington	331,483,267	312,501,798	94.3	18,282,154	699,315	168,838,356	50.9	24,438,421	16,931,888	21,788,770	11,520,626
West Virginia	192,297,888	184,186,476	95.8	4,571,373	3,540,039	70,929,591	36.9	14,531,212	5,097,976	13,392,581	4,104,912
Wisconsin	287,451,964	286,918,869	99.8	243,417	289,678	194,180,566	67.6	52,881,404	19,527,872	49,846,040	16,944,290
Wyoming	22,221,832	22,208,498	99.9	13,334	0	11,043,610	49.7	3,706,152	1,300,867	3,537,593	1,133,980

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for *all* pharmacy claims contained in the MAX 1999 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. This column is the total amount of pharmacy reimbursement made for beneficiaries represented by Cell C of Table 1.

d. This column is the total amount of pharmacy reimbursement made for beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. This column is the total amount of pharmacy reimbursement made for beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns are the total amount of pharmacy reimbursement made for beneficiaries represented by Cell G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1b
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
PERCENTAGE COMPARISONS, 1999^a

	Total Rx \$ for All Benes in MAX 1999 (GRAND TOTAL) ^b	Total Rx \$ for Benes Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study By Reason as % of GRAND TOTAL		Rx \$ for Dual Eligible Benes Included in this Study ^f as % of TOTAL ^f	Rx \$ for All-Year NF Residents Included in this Study as % of TOTAL ^g	Rx \$ for Part- Year NF Residents Excluded from this Study as % of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year NF Residents Included in this Study as % of TOTAL ^h	Rx \$ for Dual Eligible Part- Year NF Residents Excluded from this Study as % of TOTAL ⁱ
			Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e					
All States	\$16,921,704,137	\$15,588,242,364	2.0 %	5.6 %	55.5 %	11.1 %	5.1 %	9.9 %	4.1 %
Alabama	281,557,579	279,881,785	0.1	0.5	53.5	10.4	5.1	9.8	4.7
Alaska	43,515,472	41,895,883	0.4	0.0	43.2	3.8	2.2	3.1	1.6
Arizona	1,529,371	0	0.0	95.9	n.a.	n.a.	n.a.	n.a.	n.a.
Arkansas	187,294,261	181,871,230	0.4	2.4	53.1	14.2	7.2	12.7	6.2
California	1,831,000,095	1,780,885,240	1.0	1.7	59.7	4.8	4.3	4.0	3.3
Colorado	149,460,641	19,346,915	0.8	85.9	44.6	10.9	12.2	9.7	9.1
Connecticut	223,927,979	223,848,943	0.0	0.0	68.3	17.1	8.7	15.3	6.9
Delaware	54,924,178	26,742,868	0.0	51.3	67.0	15.2	5.1	13.3	4.4
D.C.	46,410,526	44,812,112	1.3	1.3	45.9	2.6	2.1	1.9	1.2
Florida	1,145,728,684	1,075,605,244	4.0	2.0	57.3	8.3	3.8	7.6	3.0
Georgia	485,571,926	477,623,460	1.2	0.0	48.5	10.4	4.4	9.5	4.0
Hawaii	47,029,096	45,302,135	0.6	0.8	63.0	6.2	5.2	5.4	3.5
Idaho	69,939,588	69,843,949	0.0	0.1	49.4	9.9	5.1	9.2	4.4
Illinois	705,633,571	697,356,418	0.9	0.0	44.9	19.9	6.0	16.3	3.8
Indiana	390,111,976	389,755,321	0.0	0.0	58.2	20.7	7.2	18.8	6.2
Iowa	172,831,402	168,449,852	0.0	2.5	57.7	15.3	7.3	14.5	6.5
Kansas	142,087,767	135,670,045	0.8	3.5	60.5	18.0	7.2	16.6	6.4
Kentucky	370,780,161	348,953,510	0.4	3.8	46.7	12.0	4.8	11.0	4.1
Louisiana	424,067,522	418,373,893	1.2	0.0	49.2	16.7	4.5	14.5	3.8
Maine	150,990,367	147,601,697	0.8	0.6	57.4	7.8	4.8	7.3	4.2
Maryland	189,418,677	134,280,975	8.1	20.9	80.2	24.5	10.9	21.3	8.5
Massachusetts	610,824,971	375,850,274	3.6	34.9	85.8	16.8	8.2	15.5	6.9
Michigan	309,038,670	304,913,752	0.7	0.0	76.1	13.8	7.2	12.8	6.6
Minnesota	196,256,328	194,623,967	0.1	0.0	57.2	12.8	5.8	11.2	4.4
Mississippi	290,866,144	290,828,832	0.0	0.0	61.0	11.5	2.8	10.9	2.6
Missouri	508,078,061	507,211,169	0.0	0.1	61.1	11.7	6.3	10.7	5.5
Montana	53,851,615	51,608,601	1.1	1.2	55.2	13.9	5.7	13.0	4.7
Nebraska	120,178,117	87,065,579	0.0	27.5	76.1	22.8	7.5	21.1	6.4
Nevada	42,795,400	42,268,254	0.7	0.0	50.4	9.4	6.2	7.9	4.6
New Hampshire	67,304,068	66,748,812	0.0	0.7	59.3	14.6	6.5	13.9	5.8

Table N.1b

All Medicaid Beneficiaries

	Total Rx \$ for All Benes in MAX 1999 (GRAND TOTAL) ^b	Total Rx \$ for Benes Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study By Reason as % of GRAND TOTAL		Rx \$ for Dual Eligible Benes Included in this Study ^f as % of TOTAL ^f	Rx \$ for All-Year NF Residents Included in this Study as % of TOTAL ^g	Rx \$ for Part- Year NF Residents Excluded from this Study as % of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year NF Residents Included in this Study as % of TOTAL ^h	Rx \$ for Dual Eligible Part- Year NF Residents Excluded from this Study as % of TOTAL ⁱ
			Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e					
New Jersey	505,694,080	469,241,917	7.1	0.1	60.3	13.1	4.8	11.7	3.8
New Mexico	40,425,123	40,203,420	0.5	0.0	89.7	17.7	6.4	16.3	5.5
New York	2,024,502,247	1,824,473,467	1.9	7.9	43.5	2.3	2.9	1.5	1.7
North Carolina	662,374,137	618,853,692	5.5	1.0	57.2	5.9	4.3	5.6	3.9
North Dakota	32,834,003	32,745,592	0.0	0.2	64.6	24.1	5.9	23.1	5.1
Ohio	783,450,293	782,226,588	0.0	0.0	52.5	18.0	5.5	16.1	4.2
Oklahoma	170,614,243	164,985,055	0.3	2.9	62.5	20.5	10.3	18.6	8.9
Oregon	131,132,345	42,889,835	15.8	51.3	53.1	11.7	7.8	10.9	6.8
Pennsylvania	549,895,837	490,732,374	6.4	4.3	54.5	14.3	6.7	12.8	5.7
Rhode Island	77,608,814	65,735,643	15.1	0.1	61.2	15.4	6.6	13.8	5.5
South Carolina	280,494,477	277,872,360	0.5	0.4	54.4	1.0	1.4	1.0	1.3
South Dakota	38,117,396	38,065,268	0.0	0.0	57.9	24.4	6.4	22.9	5.6
Tennessee	0	0	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Texas	980,322,090	908,212,766	0.3	7.0	49.8	14.8	6.0	13.7	5.3
Utah	84,986,590	6,514,189	0.3	92.0	40.7	5.4	4.5	4.7	3.9
Vermont	75,141,177	52,888,299	15.4	10.6	63.1	10.0	4.1	9.2	3.7
Virginia	337,652,121	337,565,543	0.0	0.0	54.8	11.4	5.4	10.3	4.7
Washington	331,483,267	312,501,798	3.8	0.2	54.0	7.8	5.5	7.0	3.7
West Virginia	192,297,888	184,186,476	1.5	1.8	38.5	7.9	2.8	7.3	2.2
Wisconsin	287,451,964	286,918,869	0.1	0.1	67.7	18.4	6.8	17.4	5.9
Wyoming	22,221,832	22,208,498	0.0	0.0	49.7	16.7	5.9	15.9	5.1

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for *all* pharmacy claims contained in the MAX 1999 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. This column is the total amount of pharmacy reimbursement made for beneficiaries represented by Cell C of Table 1.

d. This column represents the share of the pharmacy reimbursement made for beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. This column represents the share of the pharmacy reimbursement made for beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns represent the share of the pharmacy reimbursement made for beneficiaries represented by Cell G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

Table N.1b

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 1999^{a, b}

	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx Paid per Bene Mo	Rx \$ per Bene Mo	% of All Rx			Rx \$ as % of Total Medicaid \$	Among All-Year NF Residents ^d	
						Patented Brand-Name ^c	Off-Patent Brand-Name	Generic		No. of Rx per Bene Mo	Rx \$ per Bene Mo
All States	28,591,221	224,548,061	60.4 %	1.5	\$69	35.7 %	13.7 %	45.7 %	12.4 %	5.0	\$187
Alabama	607,377	5,803,873	69.1	1.4	48	32.6	12.0	50.5	17.7	5.6	184
Alaska	103,713	840,549	50.5	0.9	50	37.7	14.9	42.2	10.1	5.9	301
Arizona	0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
Arkansas	412,101	3,808,752	61.4	1.1	48	33.8	15.0	46.9	13.4	5.3	196
California	3,478,420	26,830,194	54.7	1.2	66	31.4	12.0	50.8	15.5	3.8	144
Colorado	140,350	306,340	39.4	1.7	63	31.1	13.0	52.1	5.0	13.2	470
Connecticut	194,011	1,353,235	55.7	3.2	165	37.6	14.7	43.5	9.7	5.0	191
Delaware	46,135	193,351	60.9	2.9	138	39.2	12.8	43.9	9.6	5.0	179
D.C.	91,033	613,170	38.8	1.4	73	37.4	13.0	44.0	7.3	1.0	41
Florida	1,733,909	12,629,403	56.2	1.6	85	38.5	15.1	41.7	18.7	4.8	189
Georgia	1,198,823	10,611,267	67.9	1.2	45	34.4	13.7	47.2	15.1	4.7	187
Hawaii	94,257	504,247	36.6	2.0	90	34.7	13.0	49.1	11.8	3.7	122
Idaho	131,817	1,096,378	63.6	1.4	64	35.9	13.4	46.4	13.5	6.3	230
Illinois	1,554,841	14,181,988	60.9	1.1	49	32.9	14.1	48.7	11.4	5.3	221
Indiana	605,704	5,174,468	61.9	1.7	75	34.9	13.0	47.8	14.7	6.9	277
Iowa	272,111	2,094,795	69.7	2.0	80	31.6	14.8	48.3	12.9	5.5	177
Kansas	234,658	1,878,483	63.3	1.6	72	37.6	14.5	42.9	12.7	6.2	243
Kentucky	505,972	4,308,391	69.4	2.0	81	34.6	12.4	47.3	16.2	7.8	261
Louisiana	764,974	7,267,711	69.4	1.5	58	35.9	13.6	45.3	16.8	6.5	262
Maine	194,422	1,844,141	71.3	1.7	80	36.5	12.6	47.4	12.0	5.8	209
Maryland	347,024	1,441,532	31.6	2.1	93	36.7	16.7	42.1	8.0	6.1	212
Massachusetts	391,352	3,000,220	69.2	2.8	125	35.9	12.9	46.7	11.3	5.2	177
Michigan	707,415	3,966,056	51.5	1.9	77	35.2	13.2	47.5	13.5	5.0	153
Minnesota	321,604	2,142,225	54.5	1.8	91	35.8	15.7	44.3	8.8	5.9	209
Mississippi	544,220	5,083,019	71.2	1.2	57	38.7	13.1	42.9	18.0	5.7	230
Missouri	771,598	6,313,422	54.0	1.7	80	36.1	13.3	45.7	18.2	6.2	234
Montana	90,889	776,897	63.0	1.5	66	32.8	14.0	47.4	13.7	5.7	192
Nebraska	131,003	633,364	65.6	3.3	138	36.0	15.5	44.4	13.4	6.1	223
Nevada	99,497	646,479	46.1	1.3	65	36.2	13.8	46.3	10.5	4.8	184
New Hampshire	104,360	963,099	67.5	1.5	69	35.4	12.5	48.8	10.9	5.8	199
New Jersey	507,115	3,422,935	55.5	2.7	137	38.1	16.2	40.6	13.1	6.6	237
New Mexico	201,346	829,984	27.5	1.2	48	32.0	16.7	46.5	6.5	4.3	154
New York	2,774,131	24,339,532	61.4	1.3	75	41.4	14.9	36.9	7.8	0.5	40

Table N.2

All Medicaid Beneficiaries

	% of All Rx									Among All-Year NF Residents ^d	
	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx Paid per Bene Mo	Rx \$ per Bene Mo	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as % of Total Medicaid \$	No. of Rx per Bene Mo	Rx \$ per Bene Mo
North Carolina	1,098,280	9,364,837	70.3	1.4	66	36.8	12.8	45.4	15.5	4.5	211
North Dakota	60,558	522,198	63.9	1.6	63	34.4	16.5	43.8	9.5	5.7	195
Ohio	1,219,410	9,529,869	62.0	2.0	82	35.6	12.7	47.3	12.3	6.8	231
Oklahoma	418,049	2,121,787	48.2	1.7	78	35.1	14.1	46.0	12.9	5.7	214
Oregon	227,994	601,694	35.5	1.9	71	33.0	11.8	51.9	7.6	6.9	229
Pennsylvania	923,517	6,757,662	50.1	1.5	73	36.1	15.1	44.4	13.7	6.6	235
Rhode Island	81,945	569,020	51.3	2.3	116	37.3	12.9	46.0	4.2	4.4	177
South Carolina	655,108	6,511,631	67.8	0.8	43	37.8	12.8	45.3	13.5	0.3	25
South Dakota	91,943	820,630	56.2	1.1	46	34.0	16.1	45.3	10.2	5.8	201
Tennessee	900	3,174	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
Texas	2,356,247	18,349,637	72.6	1.2	50	35.1	13.7	47.2	11.3	5.7	218
Utah	32,349	141,301	56.8	1.3	46	32.7	9.8	52.3	6.5	6.4	211
Vermont	82,851	496,601	65.4	2.4	107	36.4	14.0	44.1	14.8	5.7	205
Virginia	569,828	4,385,782	65.0	1.7	77	34.6	13.3	46.3	16.0	6.0	220
Washington	625,983	3,690,144	45.3	1.8	85	35.7	11.8	49.0	16.9	5.3	195
West Virginia	321,290	2,532,832	76.3	2.0	73	34.2	11.3	51.3	16.0	5.5	184
Wisconsin	418,656	2,843,440	54.6	2.4	101	34.3	16.0	45.4	11.3	5.4	189
Wyoming	50,131	406,322	65.6	1.2	55	34.8	14.7	45.4	11.1	5.8	214

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell C of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell D of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. All-year NF residents are beneficiaries who resided in NFs throughout their Medicaid enrollment in 1999. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year NF residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 1999^{a, b, c}

	Share of Bene Mos (percent)					Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	15.1	26.2	14.1	44.6	69	129	154	31	12	100	28.0	58.2	6.2	7.5
Alabama	100	9.8	29.6	6.3	54.3	48	116	101	19	11	100	23.6	62.0	2.5	11.9
Alaska	100	7.4	12.8	21.6	58.3	50	117	228	33	8	100	17.4	58.5	14.4	9.7
Arizona	0	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Arkansas	100	11.1	27.5	23.7	37.8	48	128	98	8	12	100	29.8	56.4	4.0	9.8
California	100	19.1	31.1	13.5	36.2	66	89	142	21	7	100	25.7	66.3	4.3	3.8
Colorado	100	5.9	11.0	24.1	59.0	63	284	239	39	18	100	26.7	41.5	14.9	16.8
Connecticut	100	40.1	42.8	4.5	12.6	165	154	235	32	13	100	37.2	60.9	0.9	1.0
Delaware	100	31.0	26.7	19.9	22.4	138	144	251	104	27	100	32.3	48.4	14.9	4.4
D.C.	100	16.9	48.7	9.9	24.4	73	62	119	21	10	100	14.3	79.4	2.9	3.4
Florida	100	15.7	25.7	15.8	42.8	85	131	215	25	13	100	24.2	64.8	4.7	6.3
Georgia	100	8.2	20.6	14.0	57.2	45	130	122	23	11	100	23.8	55.7	7.1	13.4
Hawaii	100	37.5	39.2	12.0	11.3	90	81	150	3	1	100	34.0	65.5	0.4	0.1
Idaho	100	8.6	21.2	11.0	59.1	64	178	183	35	10	100	24.1	60.9	6.1	8.9
Illinois	100	6.5	20.0	18.5	54.9	49	143	153	24	9	100	19.0	62.3	9.2	9.5
Indiana	100	13.0	18.3	12.3	56.4	75	198	207	26	15	100	34.2	50.3	4.3	11.2
Iowa	100	16.6	27.7	14.3	41.4	80	151	157	35	17	100	31.0	54.0	6.1	8.8
Kansas	100	12.5	25.3	10.0	52.2	72	182	156	25	14	100	31.6	54.8	3.5	10.1
Kentucky	100	9.9	33.1	12.3	44.8	81	184	157	37	14	100	22.3	64.2	5.6	7.8
Louisiana	100	11.8	24.5	10.3	53.5	58	172	112	27	14	100	35.1	47.4	4.8	12.7
Maine	100	11.7	27.7	16.3	44.3	80	159	178	39	13	100	23.2	61.5	8.0	7.3
Maryland	100	26.8	29.6	17.0	26.6	93	142	167	12	13	100	40.8	53.2	2.2	3.8
Massachusetts	100	32.8	42.7	8.2	16.3	125	122	186	47	13	100	31.9	63.3	3.1	1.7
Michigan	100	21.0	28.8	11.9	38.2	77	125	154	21	10	100	34.1	57.7	3.2	5.0
Minnesota	100	12.1	38.2	13.6	36.1	91	134	176	22	12	100	17.8	74.2	3.3	4.7
Mississippi	100	12.9	31.4	7.2	48.5	57	137	105	22	11	100	30.9	57.3	2.8	9.0
Missouri	100	14.9	20.4	15.1	49.5	80	182	216	21	12	100	33.7	55.1	4.0	7.2
Montana	100	11.0	21.9	14.9	52.2	66	162	166	45	11	100	26.9	54.5	10.0	8.6
Nebraska	100	33.2	27.2	9.2	28.8	138	171	232	73	37	100	41.4	45.8	4.8	7.8
Nevada	100	17.3	33.0	11.7	38.1	65	113	122	14	11	100	29.8	61.5	2.5	6.2
New Hampshire	100	12.4	14.2	13.0	60.3	69	166	230	52	15	100	29.9	47.1	9.8	13.3
New Jersey	100	25.0	47.0	5.9	22.1	137	153	200	33	14	100	27.8	68.5	1.4	2.3
New Mexico	100	19.8	26.6	16.1	37.4	48	87	109	6	3	100	35.5	60.1	1.9	2.6
New York	100	15.6	26.8	20.8	36.8	75	90	170	55	11	100	18.6	60.8	15.4	5.2
North Carolina	100	16.2	22.5	13.7	47.6	66	141	143	33	14	100	34.6	48.6	6.9	9.9
North Dakota	100	16.9	18.1	16.2	48.8	63	150	151	28	11	100	40.6	43.6	7.2	8.7
Ohio	100	14.3	27.2	11.4	47.2	82	179	179	29	10	100	31.2	59.1	4.0	5.7

Table N.3

All Medicaid Beneficiaries

	Share of Bene Mos (percent)					Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Oklahoma	100	25.1	29.8	7.5	37.6	78	134	118	26	19	100	43.2	45.2	2.5	9.0
Oregon	100	13.6	9.4	32.7	44.3	71	186	231	60	10	100	35.5	30.5	27.6	6.5
Pennsylvania	100	15.4	25.2	17.5	41.9	73	159	152	28	12	100	33.7	52.6	6.6	7.1
Rhode Island	100	22.1	58.0	4.8	15.1	116	127	146	15	12	100	24.2	73.6	0.6	1.6
South Carolina	100	13.0	19.6	12.4	54.9	43	99	111	21	10	100	30.1	51.1	6.0	12.8
South Dakota	100	9.7	19.2	12.6	58.5	46	157	124	17	9	100	32.9	51.2	4.7	11.2
Tennessee	100	62.8	29.7	7.5	0.0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Texas	100	14.6	16.6	12.5	56.3	50	126	109	29	17	100	37.1	36.6	7.3	19.0
Utah	100	6.2	13.5	20.1	60.2	46	107	162	47	14	100	14.3	47.6	20.4	17.7
Vermont	100	19.0	32.0	11.4	37.5	107	161	196	66	15	100	28.7	58.7	7.0	5.4
Virginia	100	16.8	22.1	10.8	50.3	77	153	177	34	17	100	33.3	51.0	4.7	11.0
Washington	100	17.5	33.2	17.3	32.0	85	132	173	13	6	100	27.3	67.8	2.7	2.2
West Virginia	100	10.4	32.7	13.8	43.0	73	147	133	44	18	100	21.0	59.9	8.4	10.7
Wisconsin	100	20.5	49.8	8.7	21.1	101	142	136	21	11	100	28.9	67.0	1.8	2.3
Wyoming	100	8.8	19.4	15.9	55.9	55	173	146	27	12	100	27.9	51.7	7.8	12.6

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.3 includes beneficiaries represented by Cell C of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.4
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
ALL MEDICAID BENEFICIARIES, 1999^{a, b, c}

	ANTI- PSYCHOTIC	ANTI- DEPRESSANT	ULCER DRUGS	ANTI- CONVULSANT	ANTI-VIRAL	ANTI- HYPERTENSIV E	ANTI-DIABETIC	ANTI- ASTHMATIC	CALCIUM BLOCKERS	ANALGESICS-- ANTI- INFLAMMATORY
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	2	3	4	n.a.	5	6	8	7	n.a.
Alaska	1	2	5	6	8	10	n.a.	7	n.a.	9
Arizona	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Arkansas	1	2	3	4	n.a.	5	8	7	6	n.a.
California	1	2	4	6	3	5	7	n.a.	8	n.a.
Colorado	2	1	3	4	8	10	9	5	n.a.	n.a.
Connecticut	1	2	5	3	4	8	7	9	n.a.	n.a.
Delaware	2	5	3	4	1	6	n.a.	8	7	n.a.
D.C.	2	8	10	5	1	4	6	9	3	n.a.
Florida	2	4	3	8	1	10	n.a.	n.a.	n.a.	7
Georgia	1	2	3	4	10	5	8	6	7	n.a.
Hawaii	1	3	n.a.	2	7	4	6	10	9	n.a.
Idaho	1	2	4	3	n.a.	10	9	6	n.a.	8
Illinois	1	2	3	4	6	7	8	5	10	n.a.
Indiana	1	2	3	4	n.a.	10	8	5	n.a.	9
Iowa	1	2	4	3	n.a.	8	6	5	10	n.a.
Kansas	1	2	4	3	n.a.	9	7	5	10	8
Kentucky	3	2	1	5	n.a.	8	6	4	10	7
Louisiana	1	3	2	7	n.a.	6	8	5	9	4
Maine	2	1	3	4	n.a.	10	9	5	n.a.	8
Maryland	1	2	3	4	5	7	8	n.a.	6	n.a.
Massachusetts	1	2	4	3	5	7	9	8	n.a.	n.a.
Michigan	1	2	4	3	n.a.	6	9	7	8	n.a.
Minnesota	1	2	4	3	n.a.	8	9	6	n.a.	n.a.
Mississippi	1	3	2	8	n.a.	4	5	10	7	6
Missouri	1	2	3	4	10	8	9	5	n.a.	6
Montana	1	2	3	4	n.a.	7	8	6	n.a.	10
Nebraska	1	2	3	4	n.a.	6	8	9	10	7
Nevada	1	2	4	3	8	6	10	7	n.a.	9
New Hampshire	1	2	4	3	n.a.	9	7	6	n.a.	10
New Jersey	1	4	3	5	2	7	10	8	6	9
New Mexico	1	3	2	4	n.a.	5	6	9	10	8
New York	2	3	4	5	1	7	8	6	10	n.a.
North Carolina	1	3	2	4	n.a.	5	6	9	8	7
North Dakota	1	2	4	3	n.a.	6	8	5	10	9
Ohio	1	2	3	4	n.a.	9	6	5	n.a.	8

Table N.4

All Medicaid Beneficiaries

	ANTI- PSYCHOTIC	ANTI- DEPRESSANT	ULCER DRUGS	ANTI- CONVULSANT	ANTI-VIRAL	ANTI- HYPERTENSIV E	ANTI-DIABETIC	ANTI- ASTHMATIC	CALCIUM BLOCKERS	ANALGESICS-- ANTI- INFLAMMATORY
Oklahoma	1	2	3	4	n.a.	6	10	9	n.a.	8
Oregon	2	1	5	3	n.a.	7	8	6	10	9
Pennsylvania	1	2	3	4	n.a.	8	7	6	n.a.	10
Rhode Island	1	2	3	4	5	6	9	7	10	n.a.
South Carolina	1	3	2	4	8	7	6	10	5	9
South Dakota	1	2	4	3	n.a.	9	n.a.	6	n.a.	8
Tennessee	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Texas	1	2	3	4	n.a.	7	6	8	9	5
Utah	2	1	3	5	n.a.	9	8	7	n.a.	6
Vermont	1	2	3	4	n.a.	9	8	5	n.a.	10
Virginia	1	3	2	5	n.a.	7	8	6	10	n.a.
Washington	1	2	3	4	7	9	8	6	n.a.	10
West Virginia	2	1	5	3	n.a.	9	6	4	10	n.a.
Wisconsin	1	2	4	3	n.a.	6	8	7	n.a.	9
Wyoming	2	1	4	3	n.a.	8	10	5	n.a.	9

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.4 is based on beneficiaries represented by Cell C of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 1999. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; n.a. = not applicable; NA = not available.

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 1999^{a, b, c}

	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	% of All Rx			Rx \$ as % of Total Medicaid \$	Among All-Year NF Residents ^e	
						Patented Brand-Name ^d	Off-Patent Brand-Name	Generic		No. of Rx per Bene Mo	Rx \$ per Bene Mo
All States	5,309,969	55,277,615	84.1 %	3.3	\$157	35.7 %	15.8 %	43.4 %	13.8 %	4.9	\$181
Alabama	109,483	1,202,203	88.1	3.6	125	31.7	13.7	49.5	15.6	5.7	184
Alaska	9,692	100,761	82.5	3.2	180	38.9	17.5	38.2	16.2	6.0	289
Arizona	0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
Arkansas	73,016	776,251	87.9	3.0	124	32.5	17.8	45.4	16.8	5.3	192
California	780,380	8,367,079	80.2	2.2	127	33.6	13.9	46.6	20.7	3.7	135
Colorado	10,062	27,359	63.3	7.8	315	33.4	17.7	45.3	9.8	13.4	465
Connecticut	75,327	789,467	87.4	4.0	194	36.6	15.6	43.7	8.9	4.9	182
Delaware	9,752	99,185	84.2	3.8	181	38.9	14.4	42.4	10.6	5.0	167
D.C.	17,270	186,500	65.4	2.4	110	37.2	14.6	42.5	9.5	0.9	36
Florida	328,402	3,367,598	81.6	3.4	183	38.6	17.7	38.7	22.7	4.8	184
Georgia	156,169	1,657,336	90.4	3.5	140	34.8	16.6	43.6	18.7	4.7	185
Hawaii	24,555	253,105	87.0	2.7	113	35.6	13.9	47.2	13.8	3.6	116
Idaho	16,657	171,212	88.9	4.6	201	35.8	16.2	43.2	15.5	6.3	226
Illinois	169,092	1,726,514	85.0	4.0	181	32.9	17.4	44.9	13.3	5.3	211
Indiana	102,837	1,055,128	85.4	4.8	215	34.7	15.1	45.4	16.2	6.9	270
Iowa	55,993	588,008	89.6	4.2	165	30.4	17.4	46.4	14.2	5.4	174
Kansas	44,680	430,860	85.5	4.2	190	36.2	17.1	41.3	13.9	6.2	236
Kentucky	86,606	868,563	87.9	4.7	188	33.0	15.4	45.7	17.7	7.7	256
Louisiana	113,596	1,232,103	89.4	4.1	167	35.1	15.8	43.7	19.6	6.5	256
Maine	43,446	467,830	90.2	3.8	181	35.7	14.1	46.4	16.1	5.8	207
Maryland	67,251	680,592	81.6	3.7	158	36.2	17.5	41.6	11.9	6.0	204
Massachusetts	188,454	1,991,854	87.3	3.6	162	35.7	13.3	46.4	12.1	5.1	173
Michigan	157,431	1,534,748	85.3	3.8	151	35.3	14.3	46.3	18.0	4.9	150
Minnesota	66,137	609,653	85.6	3.7	183	34.5	17.5	43.7	9.5	5.8	196
Mississippi	118,441	1,290,167	91.0	2.8	138	38.4	15.3	41.3	23.2	5.7	229
Missouri	139,412	1,435,120	90.1	4.7	216	35.4	15.1	44.4	20.8	6.2	229
Montana	16,378	158,165	86.1	4.3	180	32.3	16.6	45.2	15.8	5.7	190
Nebraska	33,855	343,724	88.4	4.5	193	35.4	17.2	43.0	16.0	6.1	218
Nevada	15,579	158,556	83.2	2.9	134	36.2	15.6	44.4	16.1	4.7	173
New Hampshire	18,732	189,819	89.2	4.6	209	34.7	14.2	47.6	11.1	5.8	198
New Jersey	140,403	1,431,763	88.9	4.2	198	37.4	16.8	40.5	13.8	6.5	227
New Mexico	31,034	330,803	76.1	2.7	109	32.5	17.4	45.1	11.9	4.3	153
New York	529,912	5,661,343	71.4	2.5	140	41.4	17.4	34.3	6.7	0.4	31
North Carolina	212,498	2,327,999	89.8	3.2	152	36.8	15.3	42.5	20.0	4.5	207

Dual Eligible Beneficiaries

Table N.5

	% of All Rx									Among All-Year NF Residents ^e	
	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as % of Total Medicaid \$	No. of Rx per Bene Mo	Rx \$ per Bene Mo
North Dakota	13,427	134,771	82.7	4.0	157	33.6	18.7	42.4	10.0	5.7	195
Ohio	200,192	2,036,731	89.4	5.0	202	35.0	14.8	45.6	12.1	6.7	223
Oklahoma	72,066	759,063	89.3	3.1	136	34.4	15.6	45.2	15.9	5.7	209
Oregon	17,946	106,368	82.0	5.8	214	32.9	12.9	50.4	10.4	6.9	225
Pennsylvania	169,914	1,523,458	78.1	3.9	176	34.9	17.7	42.7	14.3	6.5	228
Rhode Island	23,280	251,207	87.5	3.4	160	36.7	13.9	45.4	3.1	4.5	176
South Carolina	118,391	1,289,934	82.2	1.7	117	38.9	15.6	41.1	17.2	0.3	25
South Dakota	13,693	144,014	85.4	3.9	153	31.7	19.6	44.0	12.0	5.7	198
Tennessee	890	3,137	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
Texas	334,309	3,545,963	88.4	2.7	128	37.0	17.5	41.1	12.4	5.7	215
Utah	2,631	15,858	64.8	3.6	167	36.1	13.7	44.7	9.3	6.5	206
Vermont	17,618	181,185	89.2	4.0	184	36.0	15.4	42.6	17.9	5.6	199
Virginia	101,482	1,064,630	88.6	4.0	174	33.9	15.5	44.2	18.3	5.9	217
Washington	96,030	981,358	84.3	3.8	172	36.0	12.9	47.6	24.6	5.2	188
West Virginia	44,612	467,954	90.2	4.1	152	32.3	14.6	49.6	14.5	5.5	181
Wisconsin	114,888	1,197,963	87.0	4.0	162	33.2	17.4	44.9	12.3	5.3	185
Wyoming	6,068	62,653	86.0	3.9	176	33.8	18.4	42.3	11.4	5.8	214

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003).

e. All-year NF residents are beneficiaries who resided in NFs throughout their Medicaid enrollment in 1999. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year NF residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Table N.5

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 1999^{a, b, c, d}

	Share of Bene Mos (percent)					Medicaid Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	57.0	42.5	0.5	0.0	157	132	189	165	230	100	48.1	51.3	0.5	0.0
Alabama	100	46.3	53.4	0.2	0.0	125	117	132	90	195	100	43.4	56.4	0.2	0.0
Alaska	100	55.9	43.2	0.9	0.0	180	121	257	131	0	100	37.7	61.7	0.6	0.0
Arizona	0	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Arkansas	100	51.7	47.8	0.4	0.0	124	129	120	54	659	100	53.6	46.2	0.2	0.0
California	100	56.0	43.7	0.3	0.0	127	91	173	143	274	100	40.2	59.5	0.3	0.0
Colorado	100	63.1	35.8	0.8	0.0	315	290	360	278	2598	100	58.0	40.9	0.7	0.1
Connecticut	100	62.7	36.8	0.4	0.1	194	158	255	294	106	100	51.0	48.4	0.5	0.0
Delaware	100	58.5	40.1	1.4	0.0	181	146	231	201	0	100	47.2	51.2	1.5	0.0
D.C.	100	46.3	52.6	1.1	0.0	110	68	149	91	0	100	28.3	70.7	0.9	0.0
Florida	100	55.1	44.7	0.2	0.0	183	133	245	137	428	100	40.0	59.8	0.1	0.0
Georgia	100	49.6	50.1	0.3	0.0	140	133	147	135	198	100	47.0	52.7	0.3	0.0
Hawaii	100	66.6	33.2	0.1	0.0	113	84	170	35	0	100	49.9	50.1	0.0	0.0
Idaho	100	54.0	45.7	0.3	0.0	201	180	228	144	13	100	48.2	51.6	0.2	0.0
Illinois	100	46.0	52.4	1.5	0.0	181	153	207	150	252	100	38.7	59.9	1.2	0.1
Indiana	100	60.9	38.7	0.4	0.0	215	201	238	112	272	100	56.8	42.9	0.2	0.0
Iowa	100	56.9	42.8	0.3	0.0	165	152	183	130	182	100	52.4	47.3	0.3	0.0
Kansas	100	53.4	46.3	0.2	0.1	190	184	199	112	146	100	51.5	48.3	0.1	0.1
Kentucky	100	47.4	52.2	0.3	0.0	188	185	190	138	194	100	46.8	53.0	0.3	0.0
Louisiana	100	66.2	33.6	0.2	0.0	167	174	154	128	147	100	68.8	31.1	0.1	0.0
Maine	100	45.0	54.2	0.8	0.0	181	160	199	153	416	100	39.7	59.6	0.7	0.0
Maryland	100	53.6	45.9	0.3	0.2	158	144	175	121	126	100	48.8	50.8	0.2	0.1
Massachusetts	100	45.6	53.4	0.9	0.0	162	125	193	170	513	100	35.3	63.7	1.0	0.0
Michigan	100	52.9	46.8	0.2	0.0	151	126	180	123	304	100	44.1	55.7	0.2	0.0
Minnesota	100	41.7	57.8	0.4	0.0	183	135	218	165	73	100	30.8	68.8	0.4	0.0
Mississippi	100	50.1	49.7	0.1	0.0	138	137	138	124	408	100	50.0	49.9	0.1	0.0
Missouri	100	61.0	38.5	0.5	0.0	216	186	266	89	717	100	52.4	47.3	0.2	0.1
Montana	100	53.1	42.4	4.5	0.0	180	163	203	170	88	100	48.0	47.8	4.3	0.0
Nebraska	100	59.7	39.7	0.1	0.0	193	171	226	445	274	100	53.1	46.6	0.2	0.0
Nevada	100	62.5	37.2	0.4	0.0	134	116	165	88	600	100	54.1	45.7	0.2	0.0
New Hampshire	100	58.1	38.4	3.5	0.1	209	171	268	183	323	100	47.5	49.3	3.1	0.1
New Jersey	100	51.3	48.4	0.3	0.0	198	162	235	316	304	100	42.0	57.6	0.4	0.0
New Mexico	100	48.7	51.0	0.2	0.0	109	87	130	40	242	100	39.0	60.9	0.1	0.0
New York	100	57.5	41.6	0.9	0.0	140	93	202	261	176	100	38.3	59.9	1.8	0.0
North Carolina	100	64.3	35.3	0.4	0.0	152	142	171	161	688	100	59.9	39.7	0.4	0.0
North Dakota	100	64.0	35.8	0.2	0.0	157	152	167	111	31	100	61.8	38.0	0.2	0.0
Ohio	100	61.6	38.1	0.2	0.1	202	185	230	93	96	100	56.4	43.4	0.1	0.0

Dual Eligible Beneficiaries

Table N.6

	Share of Bene Mos (percent)					Medicaid Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Oklahoma	100	68.4	31.4	0.2	0.0	136	135	138	82	356	100	67.9	32.0	0.1	0.0
Oregon	100	75.5	23.0	1.4	0.0	214	186	303	239	383	100	65.8	32.6	1.6	0.0
Pennsylvania	100	65.1	33.9	0.9	0.0	176	161	208	74	179	100	59.5	40.1	0.4	0.0
Rhode Island	100	46.9	52.7	0.4	0.0	160	130	187	108	94	100	38.1	61.6	0.3	0.0
South Carolina	100	63.0	36.8	0.3	0.0	117	100	148	122	101	100	53.4	46.3	0.3	0.0
South Dakota	100	53.9	45.7	0.5	0.0	153	158	148	86	0	100	55.6	44.1	0.3	0.0
Tennessee	100	63.4	29.0	7.6	0.0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Texas	100	74.4	25.4	0.2	0.0	128	126	133	119	531	100	73.3	26.5	0.2	0.0
Utah	100	51.2	47.2	1.6	0.0	167	112	223	285	0	100	34.4	62.8	2.8	0.0
Vermont	100	50.7	48.6	0.6	0.0	184	162	208	171	19	100	44.5	54.9	0.6	0.0
Virginia	100	62.3	37.3	0.3	0.0	174	157	201	188	188	100	56.4	43.2	0.4	0.0
Washington	100	57.7	42.0	0.3	0.0	172	139	218	93	313	100	46.7	53.1	0.2	0.0
West Virginia	100	54.3	45.2	0.5	0.0	152	148	156	166	298	100	52.9	46.6	0.6	0.0
Wisconsin	100	47.0	52.3	0.7	0.0	162	144	179	118	108	100	41.7	57.8	0.5	0.0
Wyoming	100	56.8	42.8	0.4	0.0	176	173	181	88	0	100	55.8	43.9	0.2	0.0

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.7
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 1999^{a, b, c}

	ANTI- PSYCHOTIC	ULCER DRUGS	ANTI- DEPRESSANT	ANTI- HYPERTENSIVE	ANTI- CONVULSANT	CALCIUM BLOCKERS	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC	ANTI- INFLAMMATORY	ANTI-VIRAL
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	3	2	4	7	5	6	9	n.a.	n.a.
Alaska	1	5	2	10	6	n.a.	n.a.	n.a.	9	8
Arizona	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Arkansas	1	3	2	5	4	6	8	n.a.	n.a.	n.a.
California	1	2	8	3	10	5	7	4	n.a.	6
Colorado	2	3	1	7	4	9	8	n.a.	10	n.a.
Connecticut	1	3	2	5	4	9	7	10	n.a.	6
Delaware	1	3	4	6	5	7	n.a.	8	n.a.	2
D.C.	2	8	10	4	9	3	6	5	n.a.	1
Florida	2	3	4	5	n.a.	7	9	10	6	1
Georgia	1	3	2	4	8	5	6	10	9	n.a.
Hawaii	1	n.a.	6	2	7	5	4	3	n.a.	8
Idaho	1	3	2	7	4	10	6	n.a.	9	n.a.
Illinois	1	2	3	5	4	6	7	n.a.	9	n.a.
Indiana	1	2	3	7	4	10	6	n.a.	9	n.a.
Iowa	1	4	2	5	3	9	6	n.a.	n.a.	n.a.
Kansas	1	3	2	6	4	10	5	n.a.	8	n.a.
Kentucky	3	1	2	4	9	7	6	10	8	n.a.
Louisiana	1	2	3	4	9	5	7	8	6	n.a.
Maine	1	2	3	8	4	n.a.	9	6	10	n.a.
Maryland	1	2	3	6	4	5	8	9	n.a.	7
Massachusetts	1	4	2	7	3	n.a.	8	6	n.a.	5
Michigan	1	3	2	5	4	7	8	9	10	n.a.
Minnesota	1	4	2	7	3	n.a.	8	10	n.a.	n.a.
Mississippi	2	1	7	3	9	5	6	8	4	n.a.
Missouri	1	2	3	5	4	7	8	n.a.	6	n.a.
Montana	1	3	2	7	5	10	8	n.a.	9	n.a.
Nebraska	1	2	3	6	4	9	8	n.a.	7	n.a.
Nevada	1	2	3	6	5	8	9	n.a.	7	n.a.
New Hampshire	1	3	2	7	4	n.a.	8	9	n.a.	n.a.
New Jersey	1	2	3	6	10	4	8	9	7	5
New Mexico	2	1	3	4	6	9	5	n.a.	8	n.a.
New York	1	3	4	5	9	6	8	7	10	2
North Carolina	2	1	3	4	8	5	6	9	7	n.a.
North Dakota	1	3	2	5	4	9	7	n.a.	10	n.a.
Ohio	1	3	2	5	4	9	6	n.a.	8	n.a.

Dual Eligible Beneficiaries

Table N.7

	ANTI- PSYCHOTIC	ULCER DRUGS	ANTI- DEPRESSANT	ANTI- HYPERTENSIVE	ANTI- CONVULSANT	CALCIUM BLOCKERS	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC	ANTI- INFLAMMATORY	ANTI-VIRAL
Oklahoma	1	3	2	4	9	7	6	n.a.	5	n.a.
Oregon	2	4	1	5	6	9	8	n.a.	10	n.a.
Pennsylvania	1	3	2	5	4	8	6	9	n.a.	n.a.
Rhode Island	1	3	2	5	4	6	8	7	10	n.a.
South Carolina	2	1	6	4	9	3	5	8	7	10
South Dakota	1	3	2	5	4	9	10	n.a.	8	n.a.
Tennessee	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Texas	1	2	3	4	9	6	5	8	7	n.a.
Utah	2	3	1	5	7	8	6	n.a.	4	n.a.
Vermont	1	3	2	9	4	n.a.	8	5	10	n.a.
Virginia	1	2	3	4	6	5	7	8	n.a.	n.a.
Washington	1	3	2	6	4	n.a.	7	n.a.	10	9
West Virginia	1	4	2	6	3	9	5	8	n.a.	n.a.
Wisconsin	1	4	2	6	3	9	7	10	n.a.	n.a.
Wyoming	1	3	2	5	4	10	9	n.a.	8	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 1999. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; n.a. = not applicable; NA = not available.